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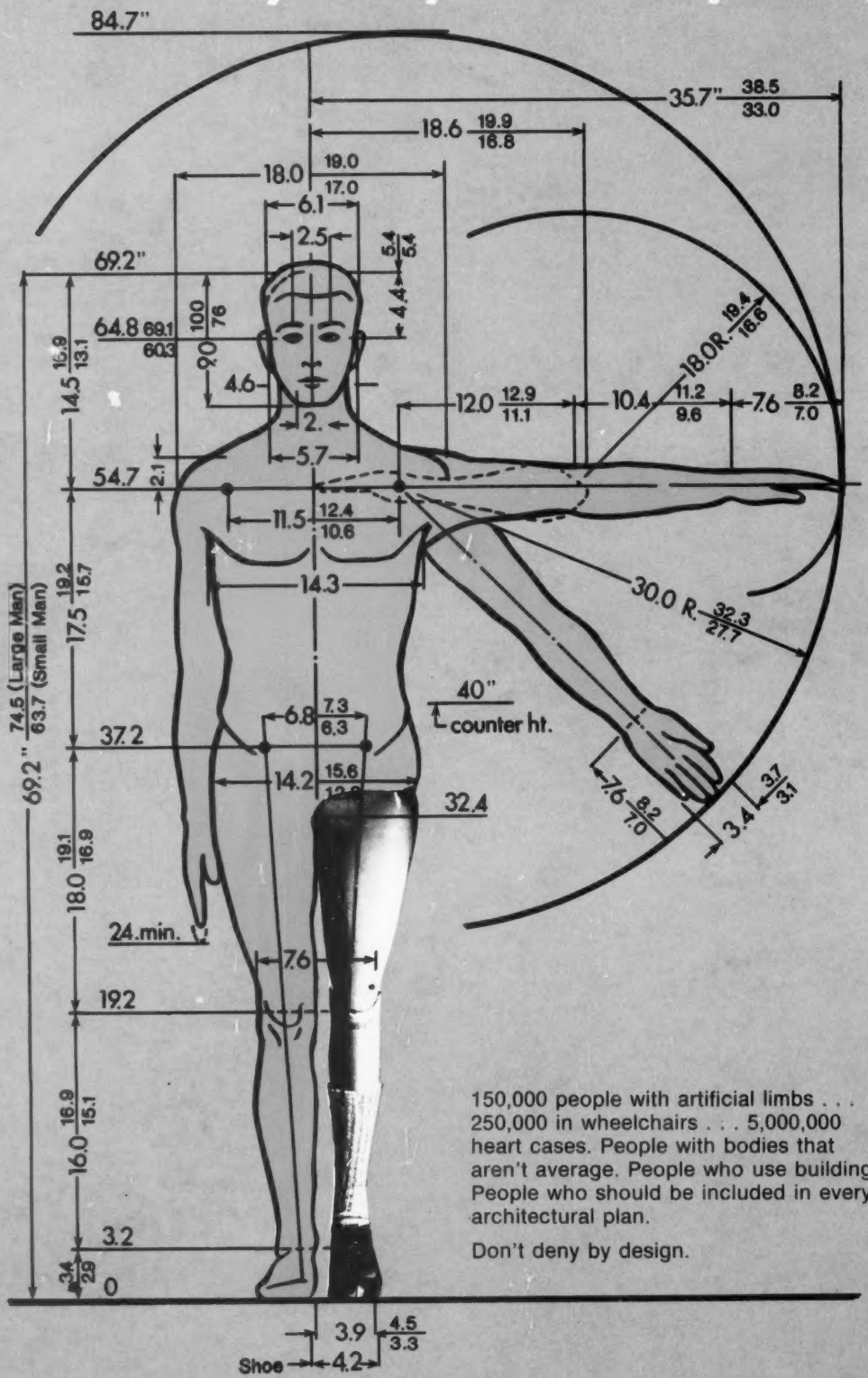
Social and Rehabilitation Service UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Volume 1 Number 8 September 1974

Build your next building for anybody and everybody.



150,000 people with artificial limbs . . . 250,000 in wheelchairs . . . 5,000,000 heart cases. People with bodies that aren't average. People who use buildings. People who should be included in every architectural plan.

Don't deny by design.

THE SOCIAL AND REHABILITATION
Record

Volume 1, Number 8

September 1974

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Manuscripts and article suggestions are welcome. Write to: Editor, The Social & Rehabilitation Record, Rm. 5321-South, SRS/HEW, Washington, D.C. 20201, or call (202) 245-2458.

Special ambulance serves spinal cord injured

Interhospital transport of spinal cord injured patients may proceed more easily and efficiently with the use of a specially modified, equipped, and staffed ambulance. The acquisition of such a transport system by the Texas Institute for Rehabilitation and Research (TIRR) (Baylor College of Medicine) was reported by Dr. R. Edward Carter, Director of TIRR's Regional Spinal Injury Center. The ambulance design and equipment are specific to the emergency needs of spinal cord injured patients as they are moved from immediate care facilities to TIRR.

The service vehicle is equipped to handle patients on turning frames (Stryker frame) with traction and tongs, in addition to providing respiratory equipment needed by those individuals whose spinal cord injuries incur such added complications. Responsible for the operation of this transport system will be a specially trained ambulance team.

These new methods and facilities will replace the existing local ambulance systems which are ill-designed to meet the particular transport needs of the spinal cord injured.

Workers trained to help Mexican-Americans obtain needed services

A broader, more effective output of medical, social, and rehabilitation services is the goal of a community worker training program at the University of Southern California Medical Research and Training Center. The program has been in operation for over 2 years, and continues to draw its participants from the predominantly Mexican-American communities east and northeast of the Medical Center.

Working closely with the people in their neighborhoods, these workers refer patients to appropriate social service agencies; serve as ombudsmen between patients, hospital staff and administration, and various social agencies; work as translators for Spanish-speaking patients in the hospital's emergency rooms and walkin clinics; and are always on call for other hospital wards needing their service.

The training prepares them not only for medical crisis situations, but also for rehabilitation counseling needs in followup of former patients.

Community facilities subject of survey

The Research and Training Center at the University of Oregon is gathering data which will help in creating more community group homes for the developmentally disabled.

The nationwide survey was made of community residences for the developmentally disabled. The purpose was to ascertain the population in these residences, their capacity, sources of funding, costs, supportive community services needed, and the extent to which they are integrated with the community.

The information will serve as a basis for decisions at the national level to stimulate agencies and groups of individuals to establish more community facilities.

New directive strengthens PCMR

An Executive Order continuing the President's Committee on Mental Retardation (PCMR) directs the membership towards a renewed and vigorous operation. The broadening of the Committee's role is reflected in the goals, outlined in the new directive, that were not included in the original 1966 Executive Order: 1) reducing the occurrence of mental retardation by one-half before the end of the century, 2) returning to the community one-third of the persons now in public institutions, and 3) assuring the retarded full status as citizens under law.

These goals express recent progress in the field of mental retardation: Not only have there been changes in medical and educational research, but also in the general awareness of communities, industry, and government.

The expansion of PCMR's purpose is further supplemented by additions to the ex-officio membership. These include the Secretary of Housing and Urban Development, the Attorney General, and the Director of ACTION.

Patients taught to ignore pain

The University of Minnesota's Medical Rehabilitation Research and Training Center has instituted a Pain Behavior Modification Program through which patients learn to accept and ignore chronic pain in order that they may continue daily and working pursuits. Each patient who enters the 8-week inpatient program is assigned to a team of eight specialists from varying clinical areas. Close cooperation is demanded from both team workers and patients to assure any degree of program or individual success. As of March 1974, 10 patients had successfully completed the program.

Association surveys residential facilities for mentally retarded

The National Association of Private Residential Facilities for the Mentally Retarded has received a 3-year grant from SRS to survey out-of-home residential care provided to mentally retarded persons. The survey does not include care provided in public residential facilities.

The project is regarded as important, because HEW has an objective of greatly reducing the number of retarded persons in institutions, and there is almost a total lack of information about private residential care facilities for the retarded.

A national survey about these facilities will be published within a year. Meanwhile, incomplete data from questionnaires sent to facilities in 1972 indicate that about half are nonprofit; there is an average of about 84 residents per facility; about a third of the facilities provide educational, diagnostic, and other services to nonresidents; staffing ratios are high—about one staff member for two residents; and about 60 percent of revenue comes from State and local governments and families pay fees which amount to about one-fifth of the total income.

The pretest information, which came from 90 facilities, said that 373 residents worked full time and 236 worked part time outside the facilities. This was one-forth of the clients of working age. Sixty-nine facilities reported client involvement with community indoor recreation; 63 with restaurants; 53 with organized groups; 74 with outdoor recreation; 61 with sporting and spectator events; 79 with shopping, sightseeing; and 29 facilities reported some clients using transportation independently.

Disabled homebound move toward employment

Programs which enable severely disabled homebound persons to enter a viable job market are being initiated and coordinated by the Job Development Laboratory at the George Washington University Research and Training Center. In general, the laboratory is concerned with job development, job placement, job matching, and productivity enhancement for the homebound. More specifically, these goals are effected through employment efforts of the Federal Government (General Services Administration) and also private industry (Insurance Company of North America (INA), Washington, D.C.).

Among its other projects, the laboratory for job development is involved with a current INA program which includes the participation of three severely handicapped homebound persons in a free, 6-month training course for teleservice representatives. This "remote" training project, which seeks to ready the homebound persons for gainful employment, guides them toward a basic knowledge of the insurance system's terminology and operation, and to a general sense of work adjustment.

Few occupied with occupational therapy

Occupational therapists, who are needed in many types of health care facilities and social service agencies, are in short supply, according to a statewide survey in Illinois by the Research and Training Center, Northwestern University.

Of the 490 occupational therapists in the State, only three percent are men and eight percent represent racial minorities. It was recommended that this balance be changed through recruitment efforts. The study also noted that a third of the women are inactive, suggesting that refresher programs and more flexible working hours might draw some people back to employment.

The study design has been adopted by the American Occupational Therapy Association for a national survey.

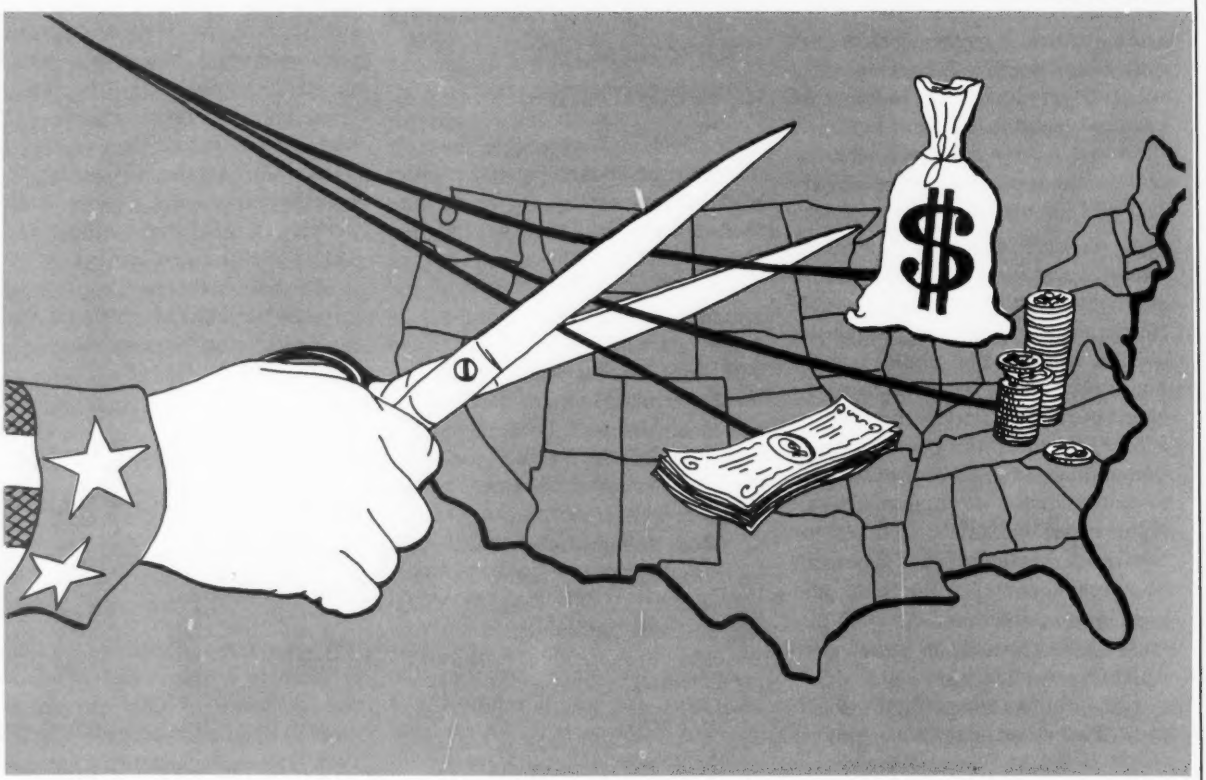
NYU Deafness Center offers graduate study in religion and deafness

A graduate educational training program in religious and rehabilitation guidance of deaf people has recently been established by the New York University Deafness Center. Of interest to denominational workers, the program enables them to pursue a 34-credit course of study offered either by the Department of Religious Education or the Department of Educational Psychology.

Having concentrated either on religious education or pastoral rehabilitation counseling of deaf individuals, a student completes the program with a Master of Arts degree.

A *New* Look at Federal-State Relations

ROSS CLINCHY



For those workers in the SRS vineyard who spend the majority of their working hours dealing with some of the basic problems involved in current Federal-State relations, these are times which lend themselves to considerable speculation. Looming over the horizon is what may be a significant change in the old order of doing business with State agencies. Exactly what will replace it is not yet clear, but what seems quite probable is that regional SRS staff will need to learn some new skills and adopt some new perspectives if they are to survive the transition.

The old order is familiar and comfortable. Its support is the categorical grant system which has been the traditional arrangement for funding SRS programs over the past 35 years. At the central office level, it has tended to foster the growth of small enclaves of professionals whose expertise is difficult to challenge, and who in many instances have enjoyed a close relationship with congressional contacts and special interest groups concerned with particular SRS programs. In the Regional Offices, the older order has provided for a direct working relationship between regional program specialists and their counterparts in State agencies which to a great extent has been a system of mutual dependency and support. In

many ways it has been an effective system; the plain fact of the matter is that it has resulted in the provision at State and local levels of money payments and services to millions of Americans whose needs in many instances have been desperate.

What it did not do, unfortunately, was to prevent the emergence of some rather flagrant cases of abuse which, in a culture which regards poverty basically as the result of indifference to the work ethic, helped to create a public image of a vast bureaucratic boondoggle for the benefit of the undeserving. What it also did not do, in an era of rising governmental costs, was to prevent duplication and a kind of rigidity of service provision which simply has not been adaptable enough to meet the diversity of State and local situations. Sooner or later the old order was bound to come a cropper, as it now has begun to do.

The old order is being challenged by serveral new major policy thrusts within SRS. The first of these can probably best be described as an effort to tighten the administrative operations of the State SRS agencies through a process of federal "management" reviews. In one sense this effort is a continuation or enlargement of the program reviews which regional program units have been conducting for a good many years, but there is a good deal more intensity about the current effort. Coupled with this are the new demands being made under the quality control process which are aimed at cutting down on what are considered to be intolerable overages on payments to ineligible recipients or overpayments to those considered eligible.

The second challenge to the old order is the move away from the categorical grant process to some form of revenue sharing, whether special or general. SRS has not yet been directly touched by this as yet, but if the momentum toward revenue sharing continues, SRS will inevitably become involved through some of its program areas. While the financial assistance programs appear to be moving toward federalization, there are other areas of SRS which lend themselves to a State and locally administered operation. Special revenue sharing would do just that, and in so doing would have a considerable impact on Regional-State relationships.

The mainstream of activity involved in current Regional-State relations has to do primarily with the interpretation of federal program policy by regional program specialists to State agency administrators. Added to this is the monitoring of State actions designed to carry out that policy. There are other related activities, of course, which spin off from this activity, such as the need for a coordinated effort across several program lines to solve a particular problem at the State level, but the "bread-and-butter" work of an SRS Regional Office revolves around the twin questions of what a State can do or what it must do under the regulations concerned. All of this has created over past years the necessity for highly knowledgeable program specialists at both regional and central office levels who have mastered the intricate details of SRS programs and who can interpret the regulations concerned.

But revenue sharing will not require this kind of expertise. In its most liberal application, revenue sharing directs only that federal funds be used in certain very broad areas, with few strings attached. The State and Local Fiscal Assistance Act of 1972, for example, puts no program limitation on expenditures by States, and prescribes only broad areas of priorities for local governmental expenditures.

The special educational revenue sharing legislation currently being proposed by the Department of HEW, is essentially an effort to consolidate some 30 existing formula grants and to provide considerable leeway on the part of State officials as to how the funds will be spent, although certain strings are attached.

In short, revenue sharing would change the current nature of SRS Federal-State relations by eliminating to a large extent the concept of detailed program administration from the federal part of the operation. There would be no need for program interpretation in the sense that it now exists—*i.e.*, the close adherence to federal guidelines and regulations. This fact, along with the drive toward management efficiency, may well require a considerable reversal in the SRS regional posture toward State government. The interesting question becomes that of how Regional-State relationships might be described with but a few centralized program operations retained by SRS.

The outlines are of necessity hazy. The 1972 revenue sharing legislation does not offer much of a guide pri-

marily because it did not replace existing categorical programs, as special revenue sharing would do. Prognosticating social programing is risky, but a few observations may be valid at this point.

The first of these is that the regional staff which handles day-to-day operations with State agencies will have to learn new roles in the intergovernmental process. With the increase in emphasis on State managerial capability and the decrease in emphasis on programmatic requirements, the regional role becomes much more that of watchdog than advocate.

The issue of quality control becomes far more important, for example, than assisting States to take advantage of available Federal program dollars. Further advocacy of the State's point of view on program issues may well run counter to the thrust toward management efficiency; the balance between the two on the part of regional staff will become a somewhat delicate process to establish. Regional SRS offices have been suspect of being overly sensitive to State problems and concerns, and it will take considerable skill and sensitivity on the part of regional staff to insist upon managerial efficiency and fiscal accountability and yet serve with some effectiveness as an advodate for valid State concerns.

Second, Regional-State relationships will be concerned with more than the management function, central as it appears to be. Some kind of interface with State officials will need to take the place of the traditional programmatic monitoring. What kinds of strings, for example, would be attached to a block grant to a State for social service expenditures? Detailed regulations and guidelines would seem to be out of the question; the basic rationale for revenue sharing is to provide freedom to the State agency to set priorities. What, then, becomes the role of regional staff with respect to the delivery of services?

The answer would appear to lie as much in the area of planning as it will be in program evaluation. With the new necessity to set their own priorities, States will be faced with the need to develop further skills in social planning. In doing so they will need to develop their own resources, but they can well turn to federal personnel for additional assistance. That assistance can take the form of advice and counsel based on long years of dealing with social programing on at least a regionwide basis. More important, it can take the form of an equal partnership in a planning process which would be directed toward commonly sought Federal-State objectives.

State agencies will need to understand that although under the newly developing Federal-State relationships they will be considerably more free from the myriad of regulations the categorical system has imposed upon them over the years, the federal presence will by no means wither away. National program objectives will surely remain firm even under special revenue sharing. States will be held accountable for reaching those objectives, but they will have considerably more freedom in determining their own methods for reaching these objectives. State SRS counterpart agencies will find that their own general-purpose governments will play a much more important role than has heretofore been the case in many areas, since funding will be directed toward those governments, and the SRS regional role will become that of working with both general purpose government and State programmatic agencies to achieve national objectives. All of this will place considerable strain on the traditional independence of Regional-State program alliances. A good many different kinds of communication have to be developed, simply because planning will have to take place across program areas, and because Governor's offices and State legislatures will play an important role in the process.

Regional SRS officials need not look upon these possibilities with undue anxiety. Granting that much of this lies in the realm of conjecture, the opportunities that may be opened up for new ways of service delivery, for more effective administration of increasingly scarce funding resources, and for a rebirth of State responsibility in meeting human needs are exciting. Both Central and Regional SRS offices may well look forward to a considerable challenge in Federal-State relations.

Mr. Clinchy is Deputy Regional Commissioner for State Programs, Region VI, Dallas, Tex.

Crash Victim Burns To Fly

MARTHA SPELLMAN

Since most of the magazine's readers work daily with severe disabilities and social problems, the following story can only underline the courage and fortitude that they may have seen displayed themselves by many of the people they serve. The article, however, explores, in addition, the cooperative efforts of health and social agencies to alleviate suffering by the individual and to aid him to restructure his life. Not only the individual is involved, however, but his family as well. —**Editor**

There have been speculations about the accident's cause, but here are the facts: On September 13, 1971, Robert A. McCurdy, a 31-year-old crop duster, was spraying a cotton field 6 miles from a small Mississippi town. His plane crashed in a wooded area, exploding on contact.

His flying togs ablaze, McCurdy remembered his flight training. He avoided inhaling until he hit the ground, then rolled himself on the earth to extinguish the flames. The act probably saved his life.

Running 100 yards to the highway, he flagged a motorist who drove him 16 miles to the nearest hospital. There he was treated for burns over 84 percent of his body. He was transferred by ambulance to the University Medical Center in Jackson, Mississippi, and, the following day, he was taken to the nearby Veterans Administration Hospital.

Eight days later McCurdy was flown to the Burn Unit of Brooks General Hospital, Fort Sam Houston, Texas. After 4 months of intensive care, he went home to convalesce. According to the Burn Unit staff, McCurdy was only one of three persons burned so severely who left the unit alive. He was the only one of the three without the amputation of an extremity.

One doctor wrote, "This rather remarkable individual has survived what is normally a lethal injury, but has a considerable amount of residual deformity relative to his scars." Residuals were scars with contractures at axillae and elbows, scars with contractures at knees, scars of hands with atrophy of hands, facial scars with loss of eyebrows, ears partially burned off, inability to grasp with the left hand, and a decided limp.

McCurdy had a "lot going for him" in spite of his extensive injuries. He was young; he held a bachelor's degree in science; he had served for 5 years in the U.S. Navy, a tour which included flight training; and he had 5 years of successful employment. He had a loving family, and, very impor-

tant, he was determined to fly again. His attractive wife, their three small children, his parents, and many relatives and friends accepted his disfigurement, giving him love and support from the beginning of his journey back.

Once dismissed from the hospital, McCurdy was treated by his family physician who referred him to a burn specialist who in turn referred him to Vocational Rehabilitation, a service he knew nothing about. Limping into the counselor's office, he told the story that led to his present predicament: scarred face, eyebrows and the upper parts of both ears missing, legs and hands bandaged, and left hand drawn under.

Scratching almost continuously and constantly changing his position, McCurdy apologetically requested services for physical therapy. The counselor learned that his cash reserves were exhausted; Social Security and Veterans Administration compensation were not yet effective; Mrs. McCurdy was unemployed; and the family was subsisting on donations. Prospects for his return to employment were in the dim future.

The original plan set up by the counselor called for 12 visits to a physical therapist and for transportation costs. (Thirty-three subsequent visits supplemented this series). Toward the conclusion of the physical therapy, the therapist recommended an exercise bicycle to be used three times daily for strengthening muscles and increasing joint range of motion. VR purchased the bicycle.

Mrs. McCurdy and a VR counselor

discussed the family's financial situation. She was advised to apply for food stamps and was granted this relief. Since Mrs. McCurdy had no work history, the counselor referred her to the Mississippi Employment Service. Within the week, she obtained a part-time job and continues in this job today.

At the Veterans Administration Hospital, seven reconstructive procedures were undertaken to repair McCurdy's partially destroyed external ears. But his plastic surgeon moved to private practice in another State and two additional procedures still were needed. These were provided by VR. While hospitalized, McCurdy developed urinary tract complications. Vocational Rehabilitation paid for his treatment by a urologist.

By October 1972, he was able to stand erect and to walk without a limp. His arm and leg muscles had been strengthened. The client attributes all of this to the physical therapy he received.

Determined to fly again and to operate his own business, McCurdy availed himself of aviation mechanical training at no cost to the Memphis Area Vocational and Technical School. Since he shared a small room with a student and ate out, spending only weekends at home, another supplemental plan for room, board, and transportation for 8 weeks was authorized. This eased financial strain until the Veterans Administration allowance for training became effective. Although training was free, personal tools were a necessity and VR purchased them.

In April 1973, McCurdy reported he had purchased a flying service, including two airplanes, with bank financing. A pilot friend had agreed to fly the lead plane, with the client in the role of "back-up pilot." The U.S. Government offered a small contract for the extermination of fire ants. But this did not materialize.

At the same counseling session at which he related these facts, McCurdy was able to roll up his sleeves, baring his disfigured, discolored arms, and to relate the fears he had experienced; the fears of being repulsive to his wife and his children, of being stared at by others, and of the uncertainty of whether or not his scarred skin tissue could tolerate the increased heat generated by flying togs.

Undaunted by losing the first contract, McCurdy waited for the cotton dusting season. In the interim he worked on his planes. Because of McCurdy's disappointment of losing the first contract and because of his financial commitment to his pilot friend, Vocational Rehabilitation, now using Trust Funds (Social Security Disability Insurance), purchased the first 5,899 gallons of aviation fuel for his company. He could hardly believe he was to receive this additional help. "This made the difference between success and failure," he said.

In July 1973, both planes were being used in dusting, and McCurdy's determination and desire overshadowed the irritation the heat caused to his skin. In September, he looked great. His spirits were high. He reported averaging a net weekly income of $200. With Social Security benefits expected for 4 more months and through the purchase of the aviation fuel by VR, he was able to meet his first note payment.

McCurdy anticipates operating "in the black" in 1974. His case was closed as rehabilitated in October 1973.

At no point in the rehabilitation process did this young man ever request any service other than therapy. In numerous counseling sessions, the need for services unfolded as the client related his plans. This is a story of a courageous man who needed "a helping hand." It was extended through the concerted efforts of medics, the Veterans Administration, the Department of Public Welfare, the Social Security Administration, the Mississippi State Employment Service, and the Vocational Rehabilitation Division.

As a followup report on the client, the counselor's new friend: he is today back in Memphis completing aviation mechanical training. He is undergoing eyebrow grafts and is planning for the 1974 crop dusting season. McCurdy is now able to cope with everyday responsibilities, to accept his physical condition, to provide financially for his family's needs, and to look to the future with confidence.

Mrs. Spellman is VR Counselor for Grenada County, Mississippi, and Allied Enterprises of Grenada, sheltered workshop for VR clients.

The Administrative File

Each month the SOCIAL AND REHABILITATION RECORD will carry a listing of SRS administrative issuances for previous months. Over the course of a year, the RECORD will have presented a complete bibliography of administrative issuances for the year.

The following are the administrative issuances for the months of May and June 1974. (Abreviations key: **PR**-Program Regulations; **PRG**-Program Regulations Guides; **PI**-Program Instructions; **IM**-Information Memoranda; **FSI**-Field Staff Information and Instruction Series; **AO**-Administrator's Office; **MSA**-Medical Services Administration; **APA**-Assistance Payments Administion; **CSA**-Community Services Administration; **RSA**-Rehabilitation Services Administration; **NCSS**-National Center for Social Statistics.)

When ordering reports, please specify the appropriate room number for the particular report: For NCSS reports, room 2620; AO reports, room G-115B; RSA reports, room 3126; APA reports, room 1232E; MSA reports, room 4094; and CSA reports, room 2010.

Send all requests with the appropriate room number to Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, 330 C Street, S.W., Washington, D.C. 20201.

AO-IM-74-39: Skilled Nursing Facilities (5/1/74)

AO-IM-74-40: Coverage & Eligibility (PA) (5/8/74)

AO-PR-10-17; 10-18, 10-21 (C-21) 40-11(C-9), 40-8(C-1), 40-12(C-4): Medicaid-Staffing, Optometrists services, Disclosure of Information; Federal Matching for mechanized Claims provision & Information retrieval system; Statewide operations (5/10/74)

AO-IM-74-41: Additions to Compilation (5/8/74)

AO-PR-74-40: Medicaid-Federal Matching for Mechanized Systems Section 235 (5/20/74)

AO-IM-74-42: Rehabilitation Act of 1973 (5/28/74)

AO-IM-74-44: An Explanation of the SRS Research Information Systems Index and Other (6/3/74)

AO-IM-74-43: Contracts under Title XIX - (HMO) (6/5/74)

AO-IM-74-45: Addition to the Compilation (5/25/74)

AO-IM-74-66: Phase-out of Federal Reimbursement to States Under Migration and Refugee Assistance Act of 1962 (6/6/74)

AO-PR-74-40-4(C-6): Payment for Reserved Beds in Long Term Care (f) (6/19/74)

AO-PR-74-20-7(C-10): Recoupment of Overpayments (6/21/74)

AO-IM-74-47: Correction to Mechanized Claim System (6/21/74)

APA-PI-74-14: Consolidated Standards—Cost Differentials (6/10/74)

APA-PI-74-18: State Plan Amendment Preprint—Recruitment (6/21/74)

APA-IM-74-11: Consideration of HUD Payments to Tornado Victims (5/17/74)

CSA-PI-74-13: State Plan Amendment to Provide for Meeting Special Requirements Relating to Sterilization (5/6/74)

CSA-PI-74-14: Final Allotment of FY 74 - Child Welfare Services Fund (5/16/74)

CSA-IM-74-11: Rural Transit Operations and Management Publications of U.S. Department of Transportation (6/20/74)

RSA-IM-74-59: Number of Rehabilitations: July 1 to February 28, Fiscal Years 1973 and 1974 (5/6/74)

RSA-IM-74-60: Agreement and Operating Instructions for the Referral and Monitoring of Certain Disabled SSI Recipients Who Are Determined to be Drug Addicts or Alcoholics (5/6/74)

RSA-IM-74-61: 32nd Biennial Convention of the National Association of the Deaf, Seattle, Washington, June 30-July 6, 1974 (5/9/74)

RSA-IM-74-62: Minor Medical Services - Comprehensive Employment and Training Act of 1973 (5/13/74)

RSA-IM-74-63: Use of Tax Credit for WIN-Incapacitated and Other Disabled AFDC Recipients Served in the VR Program (5/22/74)

RSA-IM-74-64: Proposed Regulations: Rehabilitation Act of 1973 (5/28/74)

RSA-IM-74-65: State Agencies Responsible for Administering Vocational Rehabilitation Programs (5/23/74)

RSA-IM-74-66: James R. Burress' Address to CSAVR, 1974 (5/31/74)

RSA-IM-74-67: Selected Data on Caseloads in State Vocational Rehabilitation Agencies, July 1 to December 31, 1973 (6/4/74)

RSA-IM-74-68: Perspectives in Education of the Deaf (6/4/74)

RSA-IM-74-69: Status of SSI Verification Requests (6/6/74)

RSA-IM-74-70: Interdepartmental Study on Workers' Compensation (6/18/74)

RSA-PI-74-32: Reallotment of Funds Under Section 110 of the Rehabilitation Act of 1973 (5/13/74)

RSA-PI-74-33: Reallotment of Funds Under Section 120 of the Rehabilitation Act of 1973 - Fiscal Year 1974 (5/13/74)

RSA-PI-74-34: Clarification of Program Instruction AA/M-OFM-PI-74-7 dated March 6, 1974 Pertaining to Guidelines on Depreciation (5/30/74)

RSA-PI-74-35: Forms and Instructions for Completing the Revised Annual Report for Vocational Rehabilitation (Form SRS-RSA-2) (6/7/74)

RSA-PI-74-36: Second Reallotment of Funds Under Section 110 of the Rehabilitation Act of 1973 - Fiscal Year 1974 (6/17/74)

RSA-PI-74-37: Maintenance of Effort - Section 110 Funds Used for Construction of Rehabilitation Facilities (6/17/74)

RSA-PI-74-38: Fact Sheet Booklet - Fiscal Year 1974 (6/19/74)

RSA-PI-74-39: Individuals Determined to be Rehabilitated (Status 26) (6/27/74)

RSA-PI-74-40: Second Reallotment of Funds Under Section 110 of the Rehabilitation Act of 1973 - Fiscal Year 1974 (6/28/74)

RSA-PRG-74-1: Rehabilitation Services Manual Transmittal #1, dated May 1974, on Revised Federal Manual System (6/14/74)

RSA-PRG-74-2: Rehabilitation Services Manual Transmittal #2 Dated July 1974, on Statistical Reporting System (6/26/74)

MSA-IM-74-15: Requirement for Payment of Long Term Care Facilities on a Cost Related Basis (6/4/74)

MSA-IM-74-16: Cessation of Withholding or Recovery of Medicaid Reimbursement in Excess of that Presumed to Comply with the Economic Stabilization Regulations (6/19/74)

MSA-PI-74-15: Preprinted State Plan for Title XIX - Amendments to Implement Final Regulations Relating to Certain Provisions of P.O. 92-603 and P.L. 93-233, and Certain Other Clarifying Changes. Attached is a Summary of the Changes, and Revised Preprinted Pages to be Submitted by July 24, 1974 (5/10/74)

MSA-PI-74-16: Preprinted State Plan for Title XIX—Amendment to Provide for State option on payments for reserving beds in long term care facilities under certain conditions (6/19/74)

MSA-FSI-74-61: March 1974 Revised Manuals for Implementing Section 1122 of Social Security Act (Limitation of Federal Participation for Capital Expenditures (5/9/74)

MSA-FSI-74-62: Cost of Living Council's Phase III and IV Regulations on Long Term Care Institutions (5/20/74)

MSA-FSI-74-63: Revision in Procedures for Termination of Title XIX Providers Under Section 229(c) of P.L. 92-603 (5/24/74)

MSA-FSI-74-64: ALERT - Alleged Fraud Practices in Medicaid Program (5/24/74)

MSA-FSI-74-65: Semi-Annual Meeting of Associate Regional Commissioners for Medical Services (5/28/74)

MSA-FSI-74-66: EPSDT—Changes in EPSDT Program Implementation Report Forms for the Quarter Ending June 30, 1974 (6/10/74)

MSA-FSI-74-67: Dental Services in EPSDT

MSA-FSI-74-68: Need for Information on State Statutory Provisions Governing SNF and ICF Reimbursement (6/24/74)

MSA-FSI-74-69: Quarterly Skilled Nursing Home Certification Reports (6/28/74)

MSA-PIM-74-15: Treatment of Excess Income of Persons Who Must "Spend-Down" to Establish Financial Eligibility for Medicaid (5/14/74)

MSA-PIM-74-16: Availability of Medicaid Coverage Beyond Termination of Eligibility (5/29/74)

NCSS-IM-74-7: Annual Conference on Welfare and Statistics (5/29/74)

NCSS-PI-74-24: Report on Administrative and Legal Actions on Allegations of Suspected Fraud Under Medical Assistance Program. Form SRS-NCSS-119 (5/6/74)

NCSS-PI-74-25: Statistical Reports on Numbers of Recipients and Amounts of Money Payments Under PA—Program Form SRS-NCSS-2078 (5/14/74)

NCSS-PI-74-26: Clarification on Instructions Related to Screening Services (EPSDT) Reporting on Monthly Statistical Report on Medical Care. Form SRS-NCSS-120 (5/28/74)

NCSS-PI-74-27: Semi-Annual Statistical Report on Fair Hearing in PA (Including Medical Assistance) Form SRS-NCSS-105 (6/5/74)

NCSS-PI-74-28: Reporting Forms for Submitting Data to NCSS (6/5/74)

NCSS-PI-74-29: Revised Statistical Reporting on Medical Care: Recipients, Payments, and Services Form SRS-NCSS-2082, and Instructions (6/18/74)

NATIONAL TASK BANK Deploying the New Work 'Language'

ROBERT WOLOZIN and JAMES PHIPPS

Supervisors have a common complaint. When they ask an employee to perform a certain task, often the work does not come back the way they wanted it done.

Workers have their grievances, too. Frequently they discover the job they applied for is totally different from what they expected once they begin working. The "job description" does not match the tasks actually required.

Trainers sometimes do not know what they should be training for because they are not sure of the real objectives of their organization. The mission and goals are unclear.

This confusion prevails in all fields of endeavor, and in the delivery of social services it is the client who ultimately suffers the most. The problem is largely rooted in one common failing—a lack of communication or, to be more precise, the lack of a *means* of communication, a language that provides a uniform and consist-

ent understanding of what workers are expected to do.

SRS has been working to overcome this language barrier since 1968. We have been encouraging State and local agencies to adopt new approaches to manpower planning and utilization through techniques such as functional job analysis (FJA) which is an application of systems analysis to the delivery of *social welfare services.*

Functional job analysis, as an approach to job analysis, was developed by Sidney A. Fine during the 1950's when he directed research at the U.S. Employment Service. Functional job analysis is the basis of the revised occupational classification system of the *Dictionary of Occupational Titles,* 3rd Edition, 1965.[1]

The application of FJA to the social welfare field developed during the 1960's in response to the needs of the managers of manpower programs for technical knowhow in the areas of career development, job design, training, and manpower planning. Fine and Wiley of the W. E. Upjohn Institute for Employment Research incorporated the theories and principles of FJA into two seminar workshops, "A Systems Approach to Organizational Analysis" and "A Systems Approach to Task Analysis and Job Design."

Its technique as presented in these two courses involves 1) the development of purpose, goals, and objectives for an organization and 2) the analysis of what workers must do—the tasks they must perform—to accomplish these objectives. The statements of what workers do are structured according to a specified format. They are controlled by the seven FJA scales. These scales enable the analyst to define the task according to its level of complexity in relation to data (information and ideas), people (interpersonal interaction), and things (tangibles). The orientation percentage indicates the relative involvement of the task with data, people, and things.

The amount of prescription versus discretion the worker has in the performance of the task is defined by the worker instruction scale, and the functional levels of reasoning, math, and language ability which are required to perform the task are indicated by the three scales of general educational development.

From this information, two kinds of performance standards—descriptive and numerical—can be developed. Statements of what knowledge and abilities the worker must have to perform the task at the established standards are developed in training content. Basically, each task is a description of what a worker must do to achieve a specified result, the knowledge and training that he must have to complete it, and the standards upon which his performance will be evaluated. A task analyzed according to FJA looks like that portrayed in figure 1.

Functional job analysis is both a conceptual system for defining the dimensions of worker activity and a method of measuring its complexity. It should be kept in mind that it makes a distinction between what a worker does and the results of his action (what gets done). Thus, it is designed to be a tool to provide 1) a standardized, controlled language to describe what workers do and 2) a means of assessing and measuring the complexity and orientation of what workers do.

Since 1968, middle management workers in 30 States have received training in the Upjohn Institute's course, "A Systems Approach to Task Analysis and Job Design." Many States, and particularly South Carolina, Oregon, New Mexico, Wisconsin, Michigan, Utah, Ohio, and Iowa have adopted the FJA system and gained considerable experience in writing and analyzing task statements.

In 1971, SRS decided to facilitate the use of this communication tool by other States through the assembling of a "National Task Bank" from the task statements compiled by the eight States mentioned above, the Office of Child Development, and SRS' Community Services Administration and Assistance Payments Administration.

All together, 4,500 task statements were submitted. These were culled and edited by the Upjohn Institute into a bank of 547 tasks which describe what workers do in delivering public welfare services and assistance payments to clients.

Published in the spring of 1973 and now available at SRS Regional Offices, the National Task Bank represents a large source of raw material for State agencies to use in writing their own task statements and job descriptions. But a word of caution: the Task Bank

is not an instrument that can be used by itself to initiate a program of functional job analysis.

As Dr. Fine expresses it, "In and of itself, the National Task Bank is merely information on paper. It isn't truth, science, magic, the Word. It is nothing but a language that has been applied to information about work in such a way that people can agree more quickly and easily as to what is going on and pinpoint more quickly where they disagree."

What Dr. Fine and experienced users of FJA stress is that application of the system entails a lot of thought and hard work on the part of managers. There has to be a commitment—a firm policy decision to take this new direction and see it through.

The most important first step, after a go-ahead decision has been made, is to arrive at clearly stated objectives of what the agency wants to accomplish and then to decide what workers must do to reach these objectives. It is easy to state these two steps. But in practice, officials of many agencies have great difficulty in defining precisely what their objectives are, sometimes because of cloudy legislative and administrative mandates.

These problems are never permanently resolved but must be faced on a continuing basis. Once objectives are stated, the hard detail work begins. In an existing agency which is attempting to restructure itself, manpower specialists must start by being trained in applying the system. Information on how to obtain this training is available from SRS regional manpower staff.

Figure 1 **Sample Task**

Data	People	Things	Data	People	Things		Reas.	Math.	Lang.	
W.F.—LEVEL			W.F.—ORIENTATION			INSTR.	G.E.D.			TASK. NO.
3B	3A	1A	35%	60%	5%	3	3	1	4	W.E.6

GOAL:

OBJECTIVE:

TASK: Suggests/Explains to client reasons for making favorable appearance, and specific areas in which he needs improvement to conform to local standards/ expectations, in order that client makes job applications appropriately dressed and groomed.

PERFORMANCE STANDARDS	TRAINING CONTENT
Descriptive: • Information given client is complete, accurate, and clear. • Appropriate approach/manner/attitude. **Numerical:** • In less than X% of cases, prospective employers report inappropriate dress and grooming as a result of inaccurate, incomplete, or unclear information provided by worker. • Less than X% complaints of worker's manner.	**Functional:** • How to explain grooming standards to client applying for job. • How to persuade client to meet appropriate grooming and dress standards. **Specific:** • Knowledge of client's situation. • Knowledge of local grooming and dress standards.

The manpower specialists then set about gathering the basic information of what is presently being done by all the workers in the agency. The purpose at this point is to write rough task statements and analyze what each worker does in his job, which usually embraces several distinct tasks. The tasks are then organized into a rough job description.

This information is analyzed, and decisions are made on job restructuring and how this restructuring will take place according to tasks, responsibilities, career incentives, etc. When these decisions are made in terms of the overall objectives of the agency, the specialists finally must write carefully controlled and explicit task statements for each job. He must constantly check to make sure that the meaning is clear and that it is not burdened with implicit meanings which can be misinterpreted by the worker and his supervisor.

For an agency of several hundred employees, the writing of these task statements obviously can be a long and tedious process. It is here that the National Task Bank can be extremely helpful. The task statements contained in it cover the functions of a wide range of social welfare work, although they must be adapted to the specific needs of the individual organization.

The National Task Bank is intended for use by many people to obtain information for the solution of manpower problems. Specifically, for supervisors in evaluating performance and assigning tasks; trainers in identifying needs and developing curricula; managers and administrators in developing staffing patterns; job designers in developing career ladders and lattices and restructuring assignments; personnel officers in interviewing job applicants; and classification specialists in classifying jobs for pay purposes.

Beyond the creation of State agency task banks, the National Task Bank can serve as a guide to educational institutions training students for careers in social services. The bank can provide schools with specific task data on which to redesign their curricula to meet the training needs of social service agencies.

The tasks in the National Task Bank are arranged in 13 categories which reflect standard terminology, such as administration, clerical, and supervisory, as well as specific program areas, such as WIN. Each task has been typed on a format designed by the Upjohn Institute and recorded on McBee Cards (a manual storage and retrieval system).

Consideration was given to publication of the National Task Bank on McBee Cards. This was not done for three reasons: 1) a lack of funds, 2) the belief that many users would prefer to select their own data manipulation method, and 3) because it is necessary to modify the task statements to reflect local conditions in each State.

Publication of the first edition of the bank marks an experimental beginning for SRS of a program which appears to have great potential to benefit agencies, workers, and clients. While the utility and validity of functional job analysis and local agency task banks has been demonstrated, the concept of a national task bank needs to be tested.

Although limited in size and coverage, the first edition should be adequate for test purposes and for States beginning functional job analysis programs. Expansion of existing FJA programs and the development of new ones in State and local agencies will determine the future use of the National Task Bank. These agencies are expected to develop additional task statements covering a wide range of activities in which workers are engaged.

As more tasks are placed in the National Task Bank, it will become more representative of the total range of work performed by persons delivering services and making payments to SRS clients.

Agencies today are being asked to meet ever larger service requirements with diminishing resources and to make harder budget justifications. There are requirements that clients themselves be employed, and there are rapidly changing legislative mandates.

Under these conditions, agency staffs have to be highly flexible and skillful. To help agencies respond to these pressures, SRS has coordinated several resources to develop personnel at local agencies. In addition to functional job analysis, the resources include long term support of graduate and undergraduate education programs, short-term training activities, and programs to train and employ the disadvantaged as paraprofessionals in various service jobs.

Task bank techniques are currently being used in an integrated health and social services project in a five-county area centered in Cedar City, Utah, and in a number of agencies in other States.

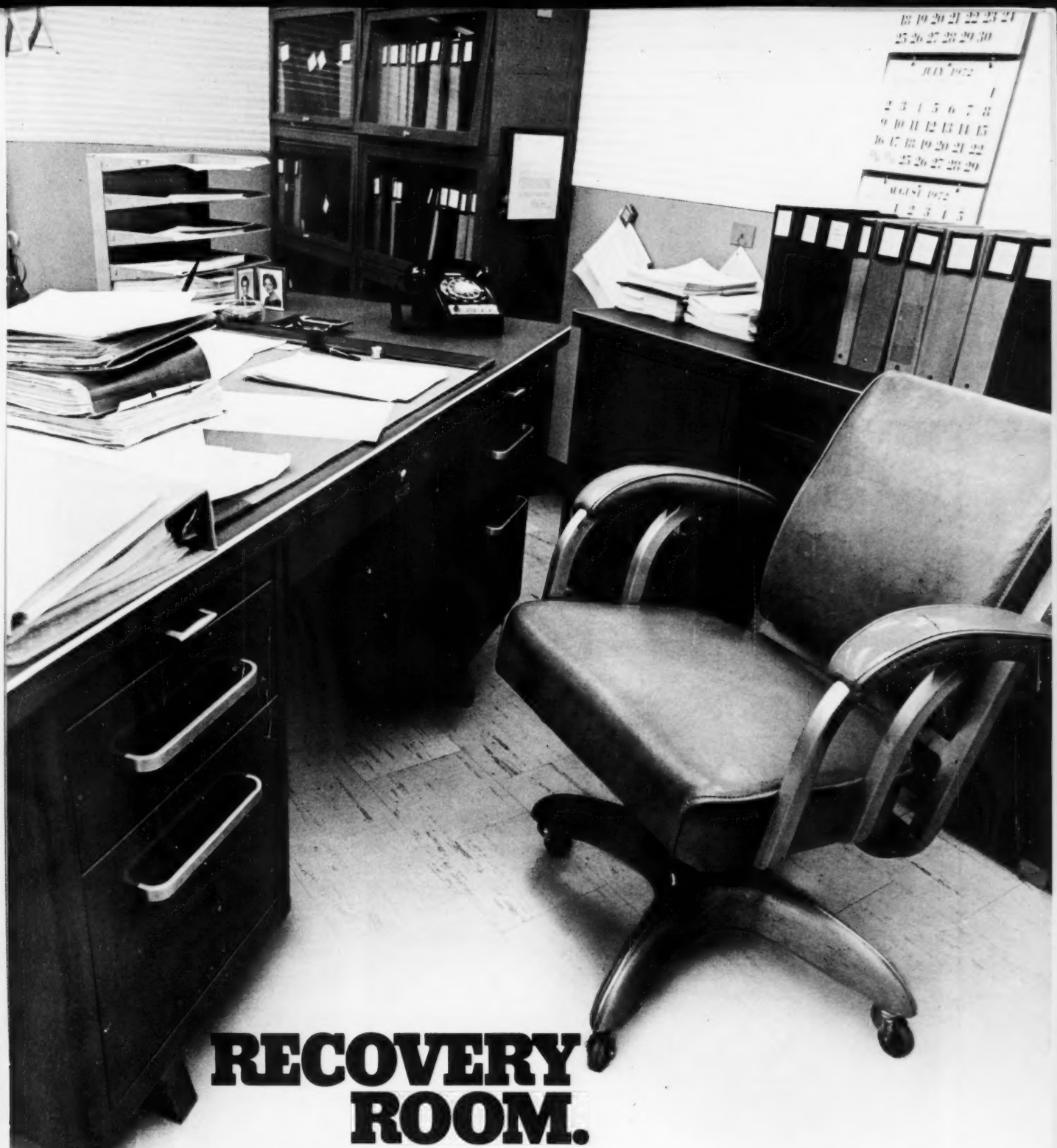
In Oregon, the public service careers unit applied functional job analysis to a district child welfare office and restructured that agency's operation to provide: 1) clear visibility of agency activities, 2) worker awareness of job functions, and 3) clarification of goals and objectives.

We expect that these new approaches will make SRS services more responsive to client needs while also better serving the needs and aspirations of the individual workers.

Mr. Wolozin formerly worked in manpower planning in SRS and is now with the Division of Utilization Control (Medical Services Administration). Mr. Phipps is on the State Manpower Development staff, SRS.

Reference

1) Fine, Sidney A. and Wiley, Wretha. *An Introduction to Functional Job Analysis: A Scaling of Tasks from the Social Welfare Field.* W. E. Upjohn Institute for Employment Research, September 1971.



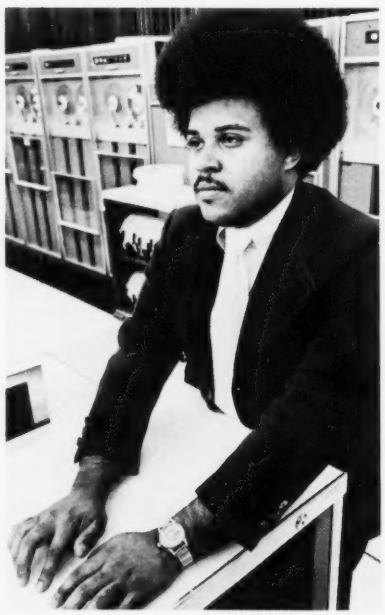
RECOVERY ROOM.

The phone goes unanswered. Memos pile up.
Deadlines are missed. Lunch hours get longer.
Office hours get shorter. The alcoholic employee.
It's hard for him to pull his own weight.

Alcoholism. A major public health problem.

They Come To Work

THOMAS BRUBECK



There are disabled persons who are splicing cable in New Haven, grinding optics in Cleveland, cooking at a short-order restaurant in Jacksonville, putting price tags on dresses in New York, and repairing furniture in Chicago.

They are successful clients in a program a little over 3 years old called, "Projects With Industry" (PWI). It is an experiment in going beyond the usual rehabilitation process and concentrating on preparing the handicapped person in getting a job where most of the jobs exist—with private industry.

There are 11 projects funded by the Social and Rehabilitation Service, and the organizations range from an association of small businessmen to a large corporation. They are making disabled persons "street wise" and putting them into jobs of their choice.

After the 1st year, the groups were engaged in training and placing handicapped persons into employment with 40 business and industrial firms, according to Dr. Andrew Adams, Commissioner of Rehabilitation Services Administration (RSA). Now, there are about 500 firms involved in the program.

Projects With Industry works through the State vocational rehabilitation agencies and with resources of the community which can help accomplish the two main aims of achieving a high quality of training and job placement.

In training, the PWI program takes up where some rehabilitation programs leave off. "It is not only concerned with developing job skills but job-*seeking* skills," said Thomas Fleming of RSA.

"Industry is becoming a new dimension in the rehabilitation process," he said. "The PWI program has evolved. You can almost say that we had to reach this point, because it has been such a natural development."

Fleming pointed out the can't-lose aspects of the program for the disabled person in search of something beyond the sheltered workshop and the businessman who is constantly looking for reliable help.

From the standpoint of the disabled person, PWI opens up a range of opportunities in several industries from labor to skilled work and, in some cases, professional work. The job market is greatly expanded. And if the client does not succeed in his early trials, he returns to the rehabilitation center or workshop for additional training and counseling and a fresh look at other job possibilities. The rehabilitation center, under the PWI program, also makes use of industrial personnel and equipment in the training process.

From the industry's standpoint, it gets a trained person who has demonstrated his ability to perform the tasks involved in the job. The business firm has saved the training costs and also has the option of returning the client to the project for due cause, such as inability to meet production standards. Businessmen have found that the disabled person is a more conscientious worker; he stays longer than the nonhandicapped employee; and the firm gains a better reputation in the community by employing handicapped persons.

Dr. William Usdane, Assistant Commissioner for Program Development in RSA, pointed out that PWI puts the emphasis where it should be—on job placement.

During the last half of 1973, out of 1,724 disabled persons served, 1,063 were placed in jobs with industry—a placement rate of 62 percent.

Cost of placement was $1,000 a person (a reduction of $265 over the previous year), as compared with $2,137 in the State-Federal vocational rehabilitation program.

Earnings for the 1,000 workers are about $5 million a year, and they will be paying about $1 million in taxes.

Vocational Guidance and Rehabilitation Service in Cleveland emphasizes three things in its PWI program: On-the-job training with industry, a program for evaluating the disabled person's work habits and attitudes, and a program to train clients in optical laboratories.

The evaluation process takes up to 8 weeks and is conducted by the Gray Wire Specialty Company. The program includes work adjustment and training in a realistic work setting. The disabled person is exposed to the influences of coworkers, and the demands of real industrial supervision become apparent. From there, the client is moved into employment in Cleveland industry. During 1973, 69 clients went through this program, and 42 were placed on permanent jobs.

Cole National Corporation, one of the largest manufacturers of eye

glasses, conducts the optical training for disabled persons in the PWI program. The company donates the equipment in a small laboratory set up at the rehabilitation center. The clients learn nine bench-work operations, which constitute about half of the firm's operational labor needs.

The Cleveland project provides on-the-job training and off-the-job support. The staff attempts to help the disabled persons with their sizable social and economic problems off the job—problems dealing with housing, welfare, transportation, child care, and health.

Some insight into the benefits of Projects With Industry is found both in big cities where special knowledge and facilities tend to center and in rural areas far removed from the academicians. An example in the country is Roanoke, Virginia, where businessmen did not view handicapped persons with any enthusiasm —until they began hiring them. So far, the PWI program in this area has resulted in placement in 35 different types of jobs in about 90 business firms.

"As an employer, the project is something we can understand," said Charles Vail, Jr., of the Industrial Learning Corporation of Virginia. "An employer doesn't have indepth thoughts on job evaluation; he thinks in terms of dollars and cents. The disabled person has demonstrated that he can perform at a profit, and he is just as hard working as anyone. It used to be that a handicapped person would take any job available. We would rather give them work that will provide some enjoyment."

Vail said the project has provided a service to the handicapped in that area not formerly provided by anyone else. The main objective has been to prepare disabled persons sufficiently so that they can obtain permanent employment. The program offers 12 weeks of "work readiness" with 30 hours of instruction a week in orientation, the world of work, and job-related basic education. Handicapping conditions have included mental retardation, epilepsy, cerebral palsy, alcoholism, mental illness, and poliomyelitis.

"Out of 98 referrals the 1st year, we placed 72, and 49 of them are permanent employees," Vail said. "Now we get about 200 clients a year and can place about 150 of them. There is an increasing amount of participation from employers. They are more receptive to new programs when approached by fellow businessmen. Other communities might find it useful to have a leading employer make the first approach. Strike a note with them."

He glanced at a page showing earnings and added, "There's no reason why a disabled person can't function, and there's no reason why it isn't good business."

One of the newest programs in PWI involves a new concept for the rehabilitation community and for the insurance industry. The contract is with International Rehabilitation Associates (IRA), which is a profitmaking corporation supplying rehabilitation services to the insurance industry. IRA's task is conducting a job-placement program for severely disabled persons who have insurance claims.

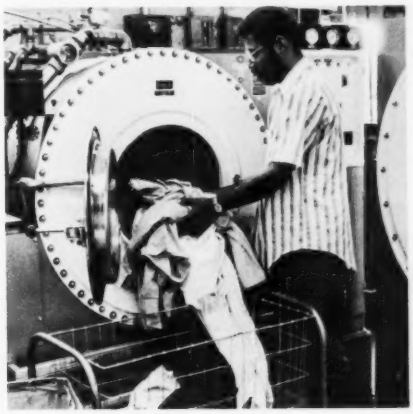
The concept is simple: Insurance companies that handle workmen's compensation (for job-related injuries) find that it is cheaper to get a person back on his feet and working than to pay him compensation for the rest of his life. According to George T. Welsh, president of IRA, insurance companies save 3 or 4 dollars for every dollar spent on rehabilitation.

The organization, in its first year with PWI, has a placement specialist in five regional offices and 250 local rehabilitation specialists in cities throughout the country. One of its placement methods will be to develop a nationwide "bank" of potential employers of the disabled. The placement specialists and regional managers will work with employers in developing on-the-job training positions, and it is through this type of training that IRA hopes to find work for severely disabled persons who were previously thought of as unemployable.

In New Haven, Connecticut, the Easter Seal Goodwill Industries Rehabilitation Center does a comprehensive job of skills training, and, in this setting, it also has found that Projects With Industry has something to offer its rehabilitation work.

The center has 11 industries committed to hiring disabled clients, and about 20 other firms have hired people at different times.

"The commitment by industries assures the trainees of a real work



goal, and this is added incentive to succeed," said Carl Puleo of the rehabilitation center. "Besides the contract workshop, which is used for work adjustment, the center provides skills training in several areas—clerical, sales, machine shop, food services, appliance repair, janitorial, furniture repair, laundry, and garment manufacturing."

Some of their candidates have already been through training from the State vocational rehabilitation agency, and they might enter the PWI program in this particular area to learn job-seeking skills.

A PWI program working especially with blind persons is being handled by the Arkansas Enterprises for the Blind, Inc. The clients are trained as information specialists for the U.S. Civil Service Commission. In this capacity, they answer questions from the public regarding the job market, qualifications, how to apply, and various regulations.

During the first year, 12 blind persons were trained and placed as information specialists in Federal Job Information Centers from Atlanta to Los Angeles.

Dr. Allan Ward of the Arkansas Enterprises said the program evolved from a pilot project started 7 years ago to train information specialists for the Internal Revenue Service.

Another project concentrating on a special disability is the MacDonald Training Center in Tampa, Florida. The program serves mentally retarded persons, training them for jobs with gasoline service stations, restaurants, and retail sales stores. It is a 26-week training program divided evenly between prejob and on-the-job training.

Out of 108 clients trained during the past year, 81 were placed in jobs and are earning from $1.60 to $4 an hour.

Also within the State the Jacksonville Restaurant Association is sponsoring a PWI project to fill a big personnel shortage in that job area, and the job market is almost readymade. Out of 145 clients helped so far this year, only 11 were not able to obtain employment in the restaurant industry. The jobs include waiters and waitresses, cooks, cook helpers,

dishwashers, motel maids, and forklift operators. Average training cost has been $375, with the employer paying 39 percent.

In Chicago, the Jewish Vocational Services used an advisory board to help strengthen community support for PWI. The board has representatives from each participating company, AFL-CIO Human Resources Center, the Mayor's Office of Manpower, Illinois Division of Vocational Rehabilitation, and the SRS Regional Office.

The clients receive training from the agency, as well as on-the-job training in such areas as furniture finisher, furniture repairman, packer, plastic stripper, stock clerk, insurance audit clerk, automotive service trainee, and computer programer.

Human Resources Center in Albertson, New York, serves a wide variety of disabilities, including hemophilia, low-back injury, amputee, cardiac, cerebral palsy, deafness, blindness, respiratory disease, spinal cord injuries, and epilepsy.

During 1973, job placements were made for 68 of the 109 persons served. The staff considers the followup on clients an important part of job placement, and it evaluates them in such areas as job satisfaction, upward movement, and employment stability.

In this project, jobs are located in banking, insurance, and stock brokerage firms. Salaries range from $85 to $190 a week for such work as file clerk, accounting clerk, credit clerk, claims adjuster, and bank teller.

Fountain House in New York city is engaged in rehabilitating mentally ill persons. The dropin facility has a club-like atmosphere where the patients are referred to as members. John Beard, the organization's director, said the project has experimented in job placement on a group basis. A psychologist or other staff member will personally try out a job and then persuade a group of the members to take the job on a half-time basis. There are about 60 persons working half time and earning $120,000 a year.

"Employment is often one of the severe problems for mentally ill persons," said Beard. "There are thousands of mentally ill who are unemployed. It's a huge group."

Robert Harvey, who heads the PWI program at Fountain House, underscores the need for training the members in proper behavior.

"If some of them miss an appointment, for example, it might not occur to them to make another appointment," said Harvey. "Some of the people have never learned about work. Once they get jobs, that is often the beginning of the rehabilitation process. After they work for awhile, they not only obtain experience, but they have something more precious—a job reference."

Harvey commented on methods of measuring growth. To emotionally disturbed persons, the contents of their wallet and the number of keys they carry might have much meaning. He said that some of them have nothing in their wallet except the membership card to Fountain House. He said it is important for the members to have some experience with success, no matter how simple the jobs that are assigned to them.

One of the newest programs in Projects With Industry involves the International Business Machines Corporation, which is exploring the possibilities of training homebound persons to operate data-processing equipment.

At the Woodrow Wilson Rehabilitation Center, operated by the State of Virginia, IBM conducted a study into using severely disabled persons to operate computers. As a result, it was felt that the corporation could play a role in introducing data-processing concepts in rehabilitation centers throughout the country.

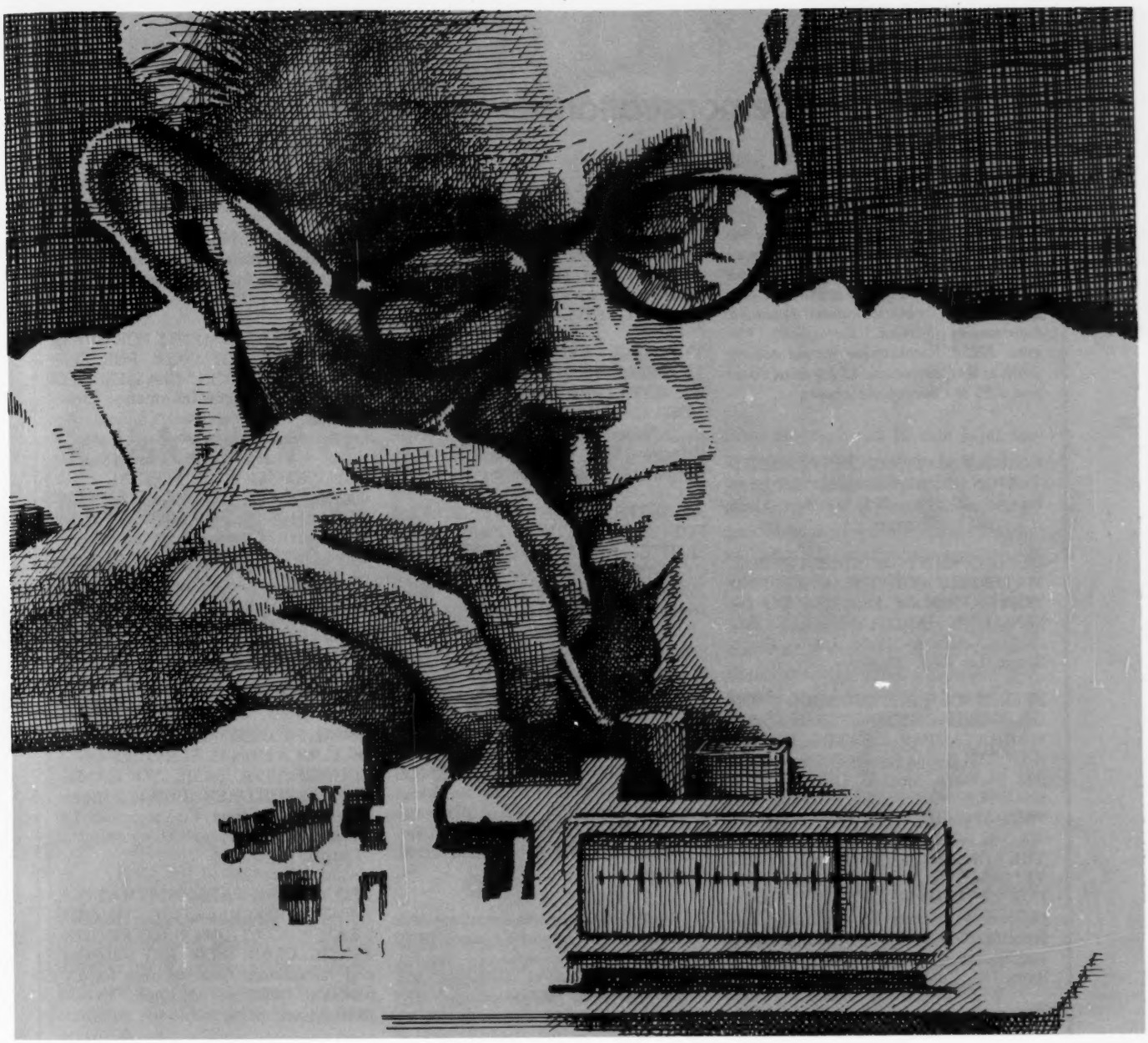
What this promises in the way of jobs for the severely disabled remains to be seen, but at the moment IBM is surveying five areas served by specific rehabilitation centers to determine if there is enough business to support homebound equipment. Where there is sufficient business, IBM will help train and place disabled persons in jobs.

Last January, in New York city, SRS Administrator James S. Dwight, Jr., addressed a symposium on Projects With Industry, and he pointed out that there must be jobs to complete the rehabilitation cycle.

And what businessmen want, in the words of Ernie Badger of the PWI program in New Haven, are people "who will come to work."

The workers are on their way now.

Mr. Brubeck is a contributing editor to *The Social and Rehabilitation Record.*



Yes I can

After my accident, I had to start all over again.
I learned a new skill, and now I'm supporting myself.
I wouldn't have it any other way.

Research and Demonstrations

In some instances recent project reports can be obtained from the grantee (addresses given below). When the report is not available from the grantee, it may be purchased from the National Technical Information Service, Springfield, Virginia 22151. Remittances should accompany orders; prices are $3 for hard cover and $.95 for microfiche copies.

COMMUNICATIONS IN REHABILITATION. (RD55059) Rehabilitation International, 291 East 44th St., New York, N.Y. 10017. 158 pages.

DEVELOPMENT OF EDUCATIONAL MATERIALS FOR THE CARE AND PREVENTION OF INJURIES TO INSENSITIVE HANDS AND FEET. (RD 55222) Louisiana State Univ., Baton Rouge, La. 70803. 85 pages.

EFFECT OF PHOTOCOAGULATION ON DIABETIC RETINOPATHY IN REHABILITATION OF THE BLIND. (RD55237) Retina Research Foundation, 800 Hermann Medical Center Professional Bldg., 6436 Fannin, Houston, Tex. 77025. 62 pages.

THE CONSCIOUS SYNTHESIS OF DEVELOPMENT: A CLINICAL METHOD FOR TREATMENT OF STUTTERING. (RD58408) Institute for Teaching and Rehabilitation of Persons with Hearing and Speech Disorders, Kotor, Put Prvobraca 184, Yugoslavia. 203 pages.

CHANGING CAREER PATTERNS FOR THE VOCATIONALLY DISADVANTAGED IN A POLYETHNIC, MULTICULTURAL MODEL CITIES AREA. (RD55187) Jewish Vocational Service, One South Franklin St., Chicago, Ill. 60606. 107 pages.

PROFESSIONAL AND CLIENT VIEWPOINTS ON REHABILITATION ISSUES. (RD55183) Schwab Rehabilitation Hospital, 1401 South California Blvd., Chicago, Ill. 60608. 80 pages.

PROGRAM EVALUATION: A RESOURCE HANDBOOK FOR VOCATIONAL REHABILITATION. (RD55060) Research Utilization Laboratory, ICD Rehabilitation and Research Center, 340 East 24th St., New York, N.Y. 10010. 100 pages.

REHABILITATION IN THE GHETTO. (RD55053) Columbia University—Harlem Hospital Center, Dept. of Rehabilitation Medicine, Lenox Ave. and 135th St., New York, N.Y. 10037. 460 pages.

THE USE, RECRUITMENT AND TRAINING OF VOLUNTEERS IN REHABILITATION FACILITIES. (RD 55087) Goodwill Industries of America, Inc., National Auxiliary to Goodwill Industries, 9200 Wisconsin Ave., Washington, D.C. 20014. 53 pages.

AN INTERACTIVE CCTV SYSTEM FOR EDUCATING PARTIALLY SIGHTED AND SOME OTHER TYPES OF HANDICAPPED CHILDREN. (RD 55946) The Rand Corporation, Santa Monica, Calif. 90406. 36 pages.

SRS PLANNING ASSISTANCE GRANT TO THE URBAN INSTITUTE. (RD 56653) The Urban Institute, 2100 M St., N.W., Washington, D.C. 20037. 8 pages.

IDEAL SYSTEMS FOR RESEARCH UTILIZATION: FOUR ALTERNATIVES. (RD55893) Institute for Social Research, Center for Research of Utilization of Scientific Knowledge, University of Michigan, Ann Arbor, Mich. 48106. 480 pages.

The following reports on research in education may be ordered from ERIC Documentation Reproduction Service, Post Office Drawer O, Bethesda, Md. 20014. Microfiche (MF) copies are $.65 each. Hard copies (HC) are $3.29 each for reports of 1 to 100 pages; $6.58 each for reports of 101 to 200 pages; $9.87 for reports of 201 to 300 pages; and $3.29 for each additional 100 pages or portion thereof. Order by accession number (in parentheses) and make checks payable to EDRS. Official institution, State and Federal Government, and company purchase orders are accepted.

HANDICAPPED CHILDREN REDEFINED—LEGAL ELIGIBILITY FOR SERVICES EXPANDED. (ED081121) State-Federal Information Clearinghouse for Exceptional Children, Arlington, Va. 13 pages.

LEGAL PROVISION FOR STATE AND LOCAL PLANNING FOR THE DELIVERY OF EDUCATIONAL SERVICES TO HANDICAPPED CHILDREN. (ED081122) State-Federal Information Clearinghouse for Exceptional Children, Arlington, Va. 34 pages.

LEGAL REQUIREMENTS FOR CLASS SIZES AND CASELOADS FOR SPECIAL EDUCATION CLASSES. (ED 081123) State-Federal Information Clearinghouse for Exceptional Children, Arlington, Va. 51 pages.

THE PROVISION OF SPECIAL EDUCATION SERVICES IN NONPUBLIC FACILITIES. (ED081124) State-Federal Information Clearinghouse for Exceptional Children, Arlington, Va. 43 pages.

STATE LAWS AND ADMINISTRATIVE PROCEDURES RELATING TO THE PLACEMENT OF EXCEPTIONAL CHILDREN. (ED081125) State-Federal Information Clearinghouse for Exceptional Children. Arlington, Va. 54 pages.

LEGAL PROVISIONS FOR DELIVERY OF EDUCATIONAL SERVICES ON A COOPERATIVE BASIS TO HANDICAPPED CHILDREN. (ED081126) State-Federal Information Clearinghouse for Exceptional Children, Arlington, Va. 67 pages.

LEGAL AND ADMINISTRATIVE PROCEDURES RELATING TO THE TRANSPORTATION OF EXCEPTIONAL CHILDREN. (ED081127) State-Federal Information Clearinghouse for Exceptional Children, Arlington, Va. 34 pages.

THE PRE-VOCATIONAL EVALUATION AND TRAINING PROGRAM. (ED081131) Texas State Dept. of Mental Health and Mental Retardation, Denton, Denton State School. 207 pages.

CURRENT ISSUES IN MENTAL RETARDATION AND HUMAN DEVELOPMENT. (ED081145) Department of Health, Education, and Welfare Office of Mental Retardation Coordination, Washington, D.C. 49 pages.

HANDICAPPED CHILDREN'S NATURE STUDY CENTER: A COOPERATIVE PROJECT IN OUTDOOR EDUCATION. END OF PROJECT REPORT. (ED081147) Muscatine-Scott County School System, Davenport, Iowa. 47 pages.

Satisfaction and Performance in Welfare and Rehabilitation Agencies

JOSEPH A. OLMSTEAD, PH.D.

What factors within a social service or rehabilitation agency determine whether it will perform at consistently high levels of effectiveness? Which elements should receive the highest priorities of attention by administrators? Where should the greatest efforts be placed in attempts to upgrade the effectiveness of agencies?

Such questions were the focus of a recently completed study of agency work contexts conducted under an SRS research and demonstration grant (18-P-56671/3-01) by the Human Resources Research Organization (HumRRO) of Alexandria, Virginia. The study's principal objective was to identify organizational factors that impact upon social welfare and rehabilitation personnel, their attitudes and their performance, and upon the effectiveness of their agencies.

Data were collected in 12 public welfare, 9 private welfare, and 10 public rehabilitation agencies throughout the U.S. Agencies were selected to include a variety of types, sizes, and regional distributions. Within the agencies, data were collected on components devoted to the delivery of social welfare or rehabilitation counseling services. Overall, the agencies ranged in persons employed from 4 to 2,925 with a combined total of 6,397 employees.

At each agency, research teams collected information about its structure, organization, policies, and practices from the chief administrative officer; administered a questionnaire to all personnel; and interviewed a sample of service-delivery workers.

Indices for a large number of variables were computed. Those organizational factors for which results are reported in this brief are agency structure (size, complexity, and geographical dispersion), agency goals, agency policies, supervisory practices, work-group relations, agency-imposed constraints, agency decisionmaking practices, stability of work environment, and communication adequacy. Variables classed as outcomes were employee satisfaction, supervisor-rated employee performance, agency competence (performance of critical organizational functions), and agency effectiveness. Data obtained were analyzed to determine how the organizational structure and climate affected the attitudes and performance of personnel and the performance of the agency.

The findings described below were selected from much more extensive results which are fully discussed in the technical document cited at the conclusion of this brief report.

Findings

Agency climate is a major determinant of organizational competence and a favorable climate is highly correlated with adequacy of agency performance. Conversely agency structure is not related to competence and is only moderately related to agency performance. Agency type (public welfare, private welfare, public rehabilitation) and size were found to significantly affect climate factors. In general, larger, more complex, and more formalized agencies were found to have less favorable climates than small agencies. Also, climate favorableness was found to be reduced in agencies with tall configurations

(more levels) and large spans of control (ratio of personnel to supervisors).

Climate does not, however, have to be impacted by agency size. A large agency can have a highly favorable climate. Furthermore, no agency is immune from a bad climate merely because it is small. It is entirely possible for a large agency to develop a highly favorable climate when managers work at it. The reason is that other factors also influence climate. Realistic goals, adequate supervision and, most important, effective communication can overcome any negative impacts exerted by large size and tall structures.

Employee Satisfaction. Agency climate is a very strong determinant of satisfaction and high employee satisfaction is usually accompanied by higher agency performance. The strongest contributors are agency goals, policies, supervision, and communications. Structure does not impact upon satisfaction.

The study found sizable and significant differences in ratings of their work situations between the public welfare and the rehabilitation and private welfare employees. The findings verified the existence of a number of distinctly identifiable conditions about which personnel are clearly dissatisfied.

Greatest satisfaction occurs in private welfare agencies, with public rehabilitation second, and public welfare lowest in satisfaction. Service-delivery workers were most satisfied with fellow employees, the kind of work they do, their supervisors, and their specific job assignments. They were least satisfied with their agencies in general, opportunities for self-actualization, working conditions, and their pay. Employee satisfaction was found to increase when goals are realistic in terms of potential for accomplishment and clearly understood; policies are clearly understood; supervision is effective; agency efforts to control and structure activities are moderated; the work environment is stable and reasonably secure; and, most essential, communication within the agency is adequate and effective.

Employee Performance. Moderate positive associations with employee performance were found for work attitudes, high career and performance goals, degree of work involvement, and the extent to which personnel feel that their basic work needs are satisfied by their jobs. The study indicates that work motivation and clarity of work roles are especially important in impacting employee performance. These two variables together, contribute 40 percent of the

variance in performance.

Among organizational factors, moderate associations with employee performance were found for agency goals, supervisory practices, and communication adequacy. However, each of these organizational factors was strongly related to work motivation and clarity of work roles, which, in turn, contribute significantly to performance.

Agency Competence. Competence is the quality of performance of seven organizational processes, or functions, which were identified as critical to agency effectiveness. The processes are information acquisition, communicating information internally, decisionmaking, stabilizing internal activities, communicating implementation requirements, taking effective action in relation to critical environments, and obtaining feedback on the effectiveness of actions taken.

Agency structure was not associated with competence; however, climate was a major determinant. Agency goals, agency policies, supervisory practices, agency-imposed constraints, stability of work environment, and communication adequacy were important contributors to agency competence.

Agency Effectiveness. Agency effectiveness was defined as the extent to which an agency is successful in achieving its goals and the adequacy with which it performs its missions, as compared with other similar agencies. Effectiveness scores were based upon ratings by agency personnel.

Effectiveness was found to be inversely related to agency size. Overall, larger agencies were rated as less effective than smaller ones; however, a number of exceptions were found. Some large agencies were judged to be quite effective, while some small ones were rated as ineffective.

A low but significant relationship was found between agency structure and effectiveness. More complex and more highly formalized agencies were somewhat less effective, and geographically dispersed agencies were more effective than agencies whose activities were concentrated in one location.

Communication was found to be a major determinant of agency effectiveness. Effectiveness was also strongly associated with agency goals, agency policies, supervisory practices, and stability of work environment, with a strong inverse relationship to agency-imposed constraints.

Implications

Together, the organizational factors analyzed constitute critical elements of the context within which the work of an agency is performed. Recently, numerous studies have shown that work context is an important determinant of employee satisfaction and performance as well as effectiveness of an organization. This study confirms these findings for social welfare and rehabilitation agencies.

The findings are strongest with relation to agency competence and agency effectiveness. Competence focuses upon the crucial internal functions or processes that enable agencies to respond effectively to requirements placed upon them by external sources. Such sources may be governmental agencies, boards, citizens' groups, clients, unions, or any other element that may be important to the functioning and survival of the agency. Competence determines the flexibility and responsiveness of an agency. High-quality performance of the organizational processes makes it possible for an agency to adapt rapidly and efficiently to changing requirements. However, poor performance of the processes leads to organizational rigidity, which is characterized by slow adaptation to change, stereotyped responses to new and different situations, and ultimate inability to satisfy requirements that are placed upon it. Effectiveness is the extent to which an agency accomplishes its mission. Accordingly, competence is a major contributor to effectiveness. Taken together, competence and effectiveness represent the principal outcomes of agency operations.

The findings show that both competence and effectiveness are, in large part, determined by the following factors: clarity of agency goals and policies, the extent to which goals and policies are understood and accepted by agency personnel, the nature of an agency's supervisory practices, the extent to which it imposes excessive constraints upon its personnel, stability of its work environment, and the adequacy of communication within it. Especially noteworthy is the fact that these are all elements that are under the control of agency administrators and are factors which can be developed to

desirable levels through administrator effort.

The results of the study are clear. Certain nonstructural organizational factors exert major impacts upon attitudes, work, and work performance in social welfare and rehabilitation agencies. In fact, it is probable that these nonstructural factors may be even more potent influences in such agencies than in the more conventional commercial or industrial organizations.

The results indicate that formal agency structure is not directly related to most of the resultant variables to any significant extent. Although the most common response to a perceived need for improvement within an agency is to "reorganize," *i.e.,* to change some aspect of structure, the findings suggest that structural changes are not likely to have as immediate nor as lasting effects as modifications in nonstructural factors.

Furthermore, structural changes are likely to be ineffective unless other aspects of the work context are already favorable or are changed to raise them to favorable levels. In short, reorganizations will not help if the overall work context is poor. On the other hand, actions to change nonstructural factors in the work context will obtain desired results—if they are carefully planned and effectively implemented.

The various impacting factors are differentially related to employee satisfaction, performance, and agency competence and effectiveness. Some exert more impact than others. These differential relationships provide bases for a system of priorities that can be used by administrators in planning and executing efforts to upgrade agency effectiveness. Listed below in recommended order of priority are those impact variables deemed most important for attention by agency managements.

The recommended order of priorities is 1) Agency Goals—clear, common understanding of goals and commitment to them by agency personnel; 2) agency policies—common understanding of policies by all personnel; 3) communication adequacy—procedures and practices that insure timely transmission of required information to all personnel; 4) supervisory practices—actions that enhance the autonomy, initiative, and professional commitment of agency personnel; 5) agency-imposed constraints—reduction of excessive and unnecessary administrative controls; 6) stability of work environment—avoidance of excessive turbulence within the agency through careful planning and communication of required changes in programs, policies, and personnel; and 7) structure—optimization of complexity and formalization through reduction of administrative levels and increase in supervisory span of control.

These priorities are only recommended guides for action. They were established on the bases of relative contribution to the criterion variables, with factors that exert the greatest impact upon the widest range of outcomes receiving the highest priorities. Of course, the recommended priorities should be adapted to local conditions and requirements. Preferably, some evaluations of both determinants and outcomes within a particular agency would be accomplished before any action programs were put into effect. Surveys of the sort conducted in this study are an ideal base for such evaluations.

This paper is based on the final report, *Research Report No. 2, Effects of Agency Work Contexts: An Intensive Field Study, National Study of Social Welfare and Rehabilitation Workers, Work, and Organizational Contexts,* Volumes I and II, in press (18-P-56671/3-01). The study was performed by the Human Resources Research Organization (HumRRO), 300 N. Washington St., Alexandria, Virginia. Project Director was Dr. Joseph A. Olmstead. Copies may be obtained from the U.S. Government Printing Office.

The Mentally Retarded *Are* Not Different

SOL RICHMAN

The mentally retarded person, particularly the educable, is or could be like his "normal" peer in social ability. Too long have we concentrated on differences, and too long have we failed to recognize that the problem of retardation is not primarily due to limited intelligence but to the impact of the family and the community on this limitation.

A few definitions and statements of concepts will help clarify this position:

A *disability,* regardless of its nature, is a limitation on ability. This view helps us to concentrate on abilities and consider how they may be used to their maximum potential.

In its most elemental definition, *intelligence* may be termed as the application of past experience to current problem solving. This puts past experience into proper focus as the matrix from which any level of intelligence draws to respond to environmental demands.

A disability, *per se*, need not necessarily result in a *handicap.* A handicap is the limitation imposed by environmental demands and a person's response capacity to such demands.

Let us recognize that each person is the product of his own *self-concept* and at the same time a reactor to that self-concept as a family and community member. Thus, self-expectations and family and community expectations around disability will determine the degree of handicap that is developed in the person.

The conceptual approach permits us to determine the source and limitations created by disabilities, the services needed to eliminate, reduce or contain them and their resultant handicaps; and to create or to modify the environment and its accommodation to the person. Only to the degree that the environment is changed or to the degree that we are willing to

modify it will the disability become less of a handicap or limitation to "normal" living.

By examining "normal" development and then comparing it with the retardate's development, we can evaluate whether or not such development is more a function of intelligence or of environmental impact. First, let me suggest that the level of expectation expressed in attitudes and role models for the normal person is basic to his development. For example, appropriate dress, attitudes and habits toward tasks, ability to concentrate and complete activities, ability to accept time and personal restrictions, ability to relate to others as well as the ability to expect a satisfactory performance from oneself are *experientially* and *socially* developed.

These developments are so much a part of our growth process that we often consider them as having been acquired by some genetic code or by osmosis. The truth of the matter is that we have learned these habits and attitudes consciously and laboriously; in learning them, we have succeeded and failed often; in the acquiring process, we learned the give-and-take of social adjustment. It is a well known fact that of the number of "normal" people who lose their jobs, the vast majority of them become unemployed for lack of ability to adjust to the social matrix of work rather than for the lack of specific skill and intelligence involved in performing the job.

On the other hand how are the mentally retarded provided the social-vocational attributes necessary for living in the community? To answer this question, we must evaluate the experiences to which the child is exposed during the preschool and in-school period. Let us imagine the preschool life of a youngster in a family that has been made aware of his retardation. If we may generalize at all, and if other siblings are present, we may expect overprotection and possibly overindulgence, as well as a host of other coping and compensatory adjustments by parents and siblings. Even more important, however, is the fact that the youngster very likely will not be exposed to the normal tasks and challenges of his age group, the normal self-sufficiency, and, still more significant, the normal expectations that the family and community have for its other members.

Yet without such expectations, learning, and experiences, the retarded person comes to his school training with additional limitations not directly related to mental defect. He comes to school in an atmosphere that focuses on his limitations since the educational system itself, to some degree, may be expected to have many of the preconceptions about retardation that are reflective of the community's attitudes. The retarded person also comes to the school with a set of attitudes and habits developed at home in relative isolation. He often must unlearn such attitudes, habits, and responses since they may not be suitable for group activities in a school setting. Thus, he is faced with the more difficult task of unlearning and learning simultaneously.

Too long have we concentrated on the unique factor of intelligence as if it had within itself the ability to solve all problems. Since the retardate's limitation manifests itself primarily as a limitation of social competence, I wonder if we might not benefit much if we think of intelligence in its several facets. For example, a normal person may have intelligence limitations in terms of nuclear physics; that is, limitation of perception in spatial relations, mathematical ability, conceptualization, etc. However, the total life experiences to which such a person is exposed and the expectations and demands made upon him provide him with the necessary social intelligence for living. Thus, we free ourselves to consider mental capacity and the capacity for social adaptation as two related but independent factors that are based more on the experiences in living.

I would even posit that our knowledge as to the true capacity of a retarded person to achieve maximum social-vocational effectiveness is limited by our own lack of information, experience, and expectations. To crystallize this point, we need only examine the many experimental demonstration projects throughout the country to see how the capacity of even the quite limited youngster has been enhanced by careful analysis, professional help, and planned experiences. It must be recognized that limited experience-exposure reduces the retarded person's functioning ability to reason concretely and abstractly, analyze situations, perceive alternate solutions, make choices,

adapt to new conditions based on past experiences, perceive components making up the whole, relate socially, plan activities, develop motivation, achieve, fail, go on to achieve, relate to adult role models, etc. Granted! There are levels to all of these attributes and abilities. However, levels of abilities may be a function of intelligence, but the application of abilities is a function of experiences in their use.

I raise these issues because I believe that the capacity of most mentally retarded persons has not been fully tapped. We in the rehabilitation field have a responsibility to work with families, schools, and the voluntary associations to develop new approaches to maximize the potential of retarded people during the preschool, inschool, and out of school periods. Only in this way and with the help and advice of other professionals can structured, purposeful experiences be developed in terms of time and units of complexity to provide the essential building blocks that will yield effective language, reasoning, psychosocial relationships, skills, and adaptation (applied experiences) capacity.

Perhaps the very terms of Erick Erickson's stages in the life of any developing human being may point up more cogently the value and meaning of positive experiences as a developer of trust, autonomy, initiative, industry, interpersonal dimensions, etc. This recognition is of particular import for the retarded. Only the size and complexity of the units of experience are a function of the learning capacity of the retarded person. This subdivision of units-of-experience concept may also be extended into the schools which can teach the aspects of the curriculum required for life and work in units that can be integrated within a social context.

I suggest that in vocational rehabilitation of the mentally retarded, essentially, we are providing to them the experience they have not had and the social skills that they require to live in a nonsegregated world. The media is a work, atmosphere-relevant reeducation, resocialization, therapies, expectation and role models, and skills to create a social human being first and a worker as a natural end product. If we succeed in the first area, the second is almost assured.

Acceptance of the retarded, not as inept children but as capable people within their limitations, must be a day-to-day practice in the community which so powerfully influences the individual, the family, and the educational systems. Parent organizations, lay and professional organizations, and governmental bodies have expended their energies primarily to develop services. In the context of priority of needs, this was a correct approach. It is time to parallel this effort with an equally strong program to influence the family and community as the media for the social development of the retarded. Effective social development of such persons remains the immediate and most effective way to reduce the *handicaps* imposed by mental retardation.

In an era that is emphasizing deinstitutionalization of the mentally retarded, I submit that these concepts are the first line of offense. While there are great numbers of people in institutions in this country and while it is our job to get them back into the community where they belong, the application of a preventive orientation in our "structuring of the mentally retarded world" will go a long way toward keeping institutions depopulated once we have succeeded in returning many of their present residents back to society.

Our position on mental retardation has progressed from those times when we thought that almost any degree of retardation warranted institutionalization to the realization that many of these people can learn and can function once given the modifications of an adapted learning environment. It is time to look more closely and more critically to the retarded person's total, living environment. By providing him with a rich environment, we give him the same opportunities that his normal peer has. The retarded person can then test that environment through trial and error, through cognition, or through any other learning process in the same manner that his normal peer would experiment with it. His adaptations should not be that much greater or less than the adaptations of others. But, assuredly, it will be greater than when his environment is sheltered and devoid of normal experiences.

Mr. Richman is a special assistant to the Commissioner, RSA.

Publications and Films

The Editors of the SOCIAL AND REHABILITATION RECORD regularly receive notification of the release of new publications and films of interest to readers.

Each issue of the RECORD will carry a selected list of these publications and films with brief descriptions of their contents.

Please address all inquiries and requests to the addresses given in this listing.

More of a Beginning. University of Southern California, Rm. 102—North Hall, 1739 Griffin Ave., Los Angeles, Calif. 90031.

The effects of a hemodialysis/kidney transplant program, as experienced by child-patients and their families, are documented in this film. Presented as a teaching device to stimulate discussion among health professionals and rehabilitation counselors, the film hopes to foster a closer understanding of the complex physical, psychological, and social dimensions and severity of chronic renal disease as it affects young patients.

Children Adrift in Foster Care: A Study of Alternative Approaches. Edmund A. Sherman, Renee Neuman, and Ann W. Shyne. Child Welfare League of America, Inc., 67 Irving Pl., New York, N.Y. 10003. 129 pages. $1.50.

An examination of a Child Welfare League research project, this report discusses the design, strategies, and findings of foster care proposals which hope to counteract the drift of children from temporary foster care into situations of permanent substitute care.

Physical Activities for Individuals With Handicapping Conditions. Dolores Geddes. The C.V. Mosby Company, 3301 Washington Blvd., St. Louis, Mo. 63103. 108 pages. $4.95.

A resource guide for teachers, volunteers, and students active in the physical development and education of handicapped persons, this publication approaches program activities "based upon individual functional levels in the cognitive, affective, and psychomotor areas rather than according to categorization of a person relative to a particular handicapping condition."

General and specific instructions are given for activity modifications, according to the varying capabilities of the young or adult participants. Program applications are suggested for the following conditions: subaverage intellectual functioning at a mild-to-moderate degree, subaverage intellectual functioning at a severe degree, learing and emotional problems, visual and hearing impairments, and orthopedic limitations. The author also includes information listing distributors of equipment and supplies, national resource centers, and related reference publications and films.

Perspectives From the Puerto Rican Faculty Training Project. John Longres. Council on Social Work Education, 345 East 46th St., New York, N.Y. 10017. 64 pages. $3.

Minority perspective and content in social work education are being acknowledged as vital and necessary forces in the field. Bearing this in mind, in 1971 a training project designed to draw Puerto Rican social workers into the academic institutions as faculty members was initiated by the Council on Social Work Education and funded by SRS. The results and recommendations of that project are the subject of this report.

In addition to presenting a general project evaluation, the publication examines both background and specific academic concerns: culture and ethnic identity, schools of social work and minority group faculty, curriculum development and Puerto Rican content, and teaching techniques and course development.

Approaches to Innovation in Social Work Education. Council on Social Work Education, 345 East 46th St., New York, N.Y. 10017. 104 pages. $3.50.

New directions in social work education are considered in this volume of papers submitted by prominent educators in the social service field. Contemporary developments in manpower utilization, professional training, and the changing role of colleges and universities are identified in terms of particular research programs.

Black Perspectives on Social Work Education. Council on Social Work Education, 345 East 46th St., New York, N.Y. 10017. 79 pages. $3.50.

Drawn from the educator's experience, this compilation of seven papers examines the strengths, weaknesses, and complexities of a growing minority involvement in the area of social work education. An understanding of the black perspective regarding racial barriers, enrollment, curruculum content, and faculty and student roles, enables professionals to construct guidelines within social work education and practice in order to more effectively respond to ethnic demands and needs.

Where Are the Children? A Class Analysis of Foster Care and Adoption. Betty R. Mandell. D.C. Heath and Co., 125 Spring St., Lexington, Mass. 02173. 128 pages. $11.50.

The consequences and complications of foster care and adoption are examined here in terms of societal pressures and class stratification. The author's treatment of child welfare encompasses both a socio-historical and a practical understanding. Within the scope of the former, this analysis investigates inheritance and adoption, social class and substitute child care, parents' and children's rights, the status of women in child welfare, and the movement towards an "ideal" child care system.

The book also includes transcripts of six group discussions of persons closely involved with the Foster Care Research Project of Child and Family Services, Inc., Hartford, Conn. The discussions study attitudes, roles, and interactions of foster parents, natural parents, foster children, foster parents' natural children, social workers, and psychiatrists.

Handbook for Staff Development in Residential Schools for Deaf Children. Doris W. Naiman, Ph.D., and Hagop S. Mashikian, M.D. Deafness Research and Training Center, New York University School of Education, 80 Washington Square East, New York, N.Y. 10003. 70 pages.

A residential school, which caters fully to the needs of deaf children, seeks a comprehensive staff development program as part of its overall involvement. This handbook is designed to help school administrators, teachers, and counselors develop such a program.

The publication describes a pilot regional training project (in which six New York area schools for the deaf worked with the New York University Deafness R&T Center), as a possible model for other schools and training institutions. Also examined are specific experiences of the project schools and general and implementation guides to staff development.

Deaf Community Development: Legislative Involvement. Glenn T. Lloyd, Ed.D., editor. Deafness Research and Training Center, New York University, 80 Washington Square East, New York, N.Y. 10003. 78 pages.

The deaf community's growing recognition of its needs and rights coincides with a determination to effect greater consumer involvement regarding the status of deaf persons. This monograph considers legislative action as a suggested channel for the energies of the deaf community.

The papers included here were originally presented at a conference sponsored by SRS and the Deafness R&T Center of New York University. They explore and recommend areas of concern that emphasize voter registration, organization, knowledge of current laws and their application, participation in public hearings, assessment of interpretation and implementation of the law, and contact with local, State and federal legislators.

Fitness, Health, and Work Capacity. Leonard A. Larson, editor. MacMillan Publishing Co., Inc., 866 Third Ave., New York, N.Y. 10022. 593 pages. $14.95.

This volume, intended for graduate courses on measurement and evaluation in physical education, was developed by prominent researchers from all parts of the world as the first organized, systematic standardized program for the assessment of physical fitness and work capacity.

The book employs research and resources from the disciplines of medicine, physiology, physique and body composition, and human performance. It sets forth and describes the relationship among these various disciplines and the relative worth of each in the assessment of fitness and work capacity as they relate to various work tasks or levels.

Fitness, Health, and Work Capacity was compiled in the belief that no single discipline can make a full assessment of fitness and work capacity, that each makes an important contribution, and that the significance of each varies with the physical task being measured.

Independent Living for the Handicapped and the Elderly. Elizabeth E. May, Eleanor B. Hotte, and Neva R. Waggoner. Houghton Mifflin Co., 110 Tremont St., Boston, Mass. 02107. 224 pages. $9.95.

This book deals with the problems inherent in autonomous living for the physically disabled and the elderly.

A "how-to" book, it offers practical solutions for overcoming the difficulties facing people with certain physical limitations who are trying to live independently—whether they be handicapped children or men and women in the older age groups, homemakers or working people. Much of the material could also be of interest to disabled veterans.

Information on constructing clothing, adapting furniture, managing the home, and solving the problems handicapped parents face in raising children are among the subjects covered.

In addition, the book goes beyond the home to discuss recreation, travel, hobby interests, and participation sports for the handicapped and elderly.

Special Problems in Rehabilitation. A. Beatrix Cobb, Ph.D., editor. Charles C Thomas, 301-327 East Lawrence Ave., Springfield, Ill. 62703. 442 pages. $19.75.

Special Problems in Rehabilitation has the two-fold purpose of providing basic information and an operational framework for delivery of services to clients posing special problems in rehabilitation.

This text is designed for professionals, family members, and friends of those who have become disabled in special categories requiring rehabilitation.

The material presented here was developed in such a way as to give an overall survey of medical and psychosocial problems involved in each category as well as a realistic framework of rehabilitation procedures.

New Light of Hope. Bill Kiser. Keats Publishing, Inc., 212 Elm St., New Canaan, Conn. 06840. 223 pages. $7.95.

When author Bill Kiser was a week old he stopped breathing. Quick help saved his life, but those few minutes without oxygen starved vital brain cells. Within months, his parents had to face the fact that their baby was not developing as he should. It was a long time before they learned that his condition was cerebral palsy.

New Light of Hope is Kiser's story—his struggle to gain acceptance as a human being in his own right instead of pity as "Mrs. Kiser's little crippled boy."

Kiser's story is that of all too many cerebral palsied people, hurt as much as helped by the well-meaning, shunned and misunderstood by many. With total candor he explores the warping effects of his condition on his personality, his frustrating attempts at relationships with women, the bitterness, rage, and despair which have too often filled his life, his obsessive and unrealistic hopes of "normality."

Those touched by this disease, in themselves or those close to them, will understand this book. Others more fortunate will learn some surprising and disquieting truths about a problem and a group of people too often ignored.

Films

Bringing It Up. 16 mm. Color. Department of Physical Medicine and Rehabilitation, University of Minnesota, Minneapolis, Minn. 55455. Sale or Rental.

A discussion between a quadriplegic male patient and a physician concerning sexual awareness and function is presented in this film. In general, the interview suggests a way of handling this subject with regard to a hospitalized patient.

Exercise, Testing, and Prescription. Color. 16mm. 24½ min. American Heart Association's Film Library, 267 W. 25th St., New York, N.Y. 10001. Sale, $100. Rental, $6 one day, $9 two days, $12 five days.

Produced under the medical authorship of Dr. Herman K. Hellerstein, associate professor, Case Western Reserve University, this film demonstrates the evaluation of an exercise program for a heart patient

Active Rehabilitation for Coronary Patients. Color. 16mm. 13½ min. American Heart Association's Film Library, 267 W. 25th St., New York, N.Y. 10001. Sale, $60. Rental, $6 one day, $9 two days, $12 five days.

This followup to *Exercise, Testing and Prescription,* another AHA film, demonstrates programs of gradually increased supervised physical activity for the heart patient. It describes the role of the patient in his own rehabilitation in great detail, including monitoring his heart rate, keeping a diary, understanding the drugs he is taking, and what to do in an emergency.

The film was authored by Dr. John P. Naughton, Dean of Academic Affairs, Director of the Division of Rehabilitation Medicine, George Washington University Medical Center.

Career Opportunities

EXECUTIVE VICE PRESIDENT. National Industries for the Severely Handicapped. BA or equivalent outstanding vocational or civic experience. Demonstrated achievement in government with administrative or planning experience and management level responsibility in business, commerce, and industry. Executive experience in vocational rehabilitation would be a plus factor in consideration. Professional skills should include public relations and government funding procedures. A complete prospectus also available from this address. Cover letter should indicate: 1) available dates for interview in Washington, D.C. or New York City, 2) availability for assuming position, 3) minimum salary acceptance, and 4) other special conditions. Submit 3 copies of experience outline/resume. Write: Henry B. Stern, NISH Executive Search, c/o Jewish Occupational Council, 114 5th Ave., New York, N.Y. 10011.

CRIPPLED CHILDREN'S NURSE III (3021)—Graduation from a college or university in general nursing approved by the National League for public health preparation, plus 3 yrs'. successful public health nursing experience including experience in a program for crippled children. Possession of or eligibility for a certificate as a registered professional nurse as issued by the Alabama State Board of Nurses Examiners and Registration. $10,387–12,766. Write: State of Alabama, Personnel Department, 402 State Administrative Building, Montgomery, Ala. 36104.

NUTRITIONIST II—Master's degree in nutrition, dietary, or food management fields; or Bachelor's degree in same field plus 1 yr. of experience in nutrition. $9,437–13,356. Write: State Personnel Office, Townsend Building, Dover, Del. 19901.

HEALTH SERVICES SUPERVISOR—Bachelor's degree and 4 yrs. of progressively responsible experience in nursing education, public health nursing, hospital or chronic disease nursing, including experience of an administrative nature; or an equivalent combination of related military or civilian training and/or experience. $195.80–237.70 per wk. Write: Maine State Department of Personnel, Augusta, Me. 04330.

CLINICAL SPEECH & HEARING CONSULTANT—Master's degree with major in speech pathology and audiology. Certification by American Speech & Hearing Association. 2 yrs'. experience in the field of speech and hearing. $10,992–15,000. Write: Virginia Merit System, State Finance Building, Richmond, Va. 23219.

MEDICAL SOCIAL WORKER B—Master's degree from an accredited school of social work (2 yrs'. graduate study) and 3 yrs'. experience in medical social work, one on a supervisory level. If field study in graduate school was in medical social work, only 2 yrs'. experience must be specifically in medical social work. $10,992–13,728. Write: Virginia Merit System, State Finance Building, Richmond, Va. 23219.

WELFARE HEARINGS OFFICER—Master's degree from an approved school of social work, and 18 mos'. experience in social work. Additional experience in social work may substitute for graduate study on the basis of 2 yrs'. experience for 1 yr. education. Degree in law and 1 yr. legal experience may be substituted for graduate education and social work experience. $10,512–14,328. Write: Virginia Merit System, State Finance Building, Richmond, Va. 23219.

Mail your agency's classified listings to Editor, SOCIAL AND REHABILITATION RECORD, DHEW-SRS, Washington, D.C. 20201. Applicants should apply directly to the hiring agency, NOT this magazine. No "situation wanted" or non-governmental listings accepted. There is no charge or fee of any kind for this service.

WELFARE SERVICES SPECIALIST—Master's degree in social work, and 18 mos'. experience in social work. Additional social work experience may substitute for graduate study on the basis of 2 yrs'. experience for 1 yr. of education. $10,512–14,328. Write: Virginia Merit System, State Finance Building, Richmond, Va. 23219.

MATERNAL & INFANT CARE PROGRAM SUPERVISOR—Bachelor's degree in business administration, public administration, or public health administration, plus 3 yrs'. office management or administrative supervision, preferably in the fields of public health or hospital administration. A Master's degree in public health administration or business administration may substitute for 1 yr. required experience. $9,600–13,128. Write: Virginia Merit System, State Finance Building, Richmond, Va. 23219.

EDUCATION CONSULTANT II. (continuous recruitment) Master's degree in public health education, health and physical education, education, rehabilitation, social work, or related. Five yrs. of full-time professional experience in public health education, mental health education, school health education (teaching or supervision), or a combination of these types of experiences to equal the minimum of 5 yrs. Additional related graduate work may be substituted on a year-for-year basis for a maximum of 2 of the required 5 yrs. of experience. Write: Director, West Virginia Civil Service System, 1900 Washington St. E., Charleston, W.Va. 25311.

REHABILITATION ADMINISTRATOR III. (continuous recuitment) Master's degree. The following may be substituted for the graduate training on a year-for-year basis: Five yrs. of professional experience in rehabilitation or a closely related field, 2 yrs. of which must have been in an administrative or supervisory capacity. Write: Director, West Virginia Civil Service System, 1900 Washington St. E., Charleston, W.Va. 25311.

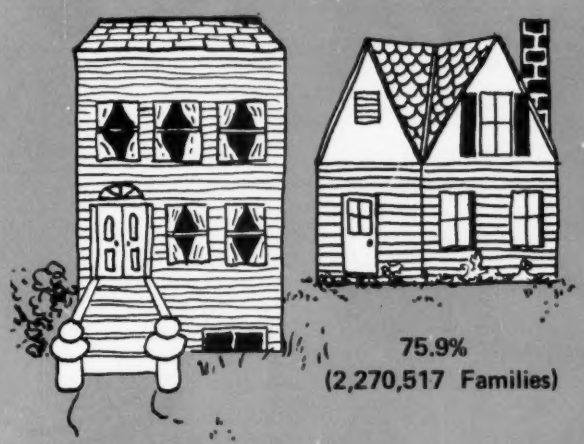
SOCIAL WORKER V (continuous recruitment) Master's degree including supervised field work in case work, social work, or intergroup work. Two yrs. of full-time employment in a responsible position in the appropriate setting as applies to the individual needs of the agency. Write: Director, West Virginia Civil Service System, 1900 Washington St.E., Charleston, W.Va. 25311

COUNSELOR II. (continuous recruitment) BA or MS degree, and 2 yrs. of full-time employment involving counseling. Or, graduate training in counseling or guidance may be substituted for the experience on a year-for-year basis. Write: Director, West Virginia Civil Service System, 1900 Washington St. E., Charleston, W.Va. 23511.

AFDC Living Arrangements

A study of various characteristics of the AFDC caseload was made in January 1973 using a minimum sample from each State of one-half of one percent (no data from Guam or Massachusetts). These were 2,989,891 families in the study and 13.6 percent (406,829) were living in public housing, an increase of 0.8 percent since 1971. The figures below show what housing accommodations were made by the AFDC caseload:

Public or Private Housing

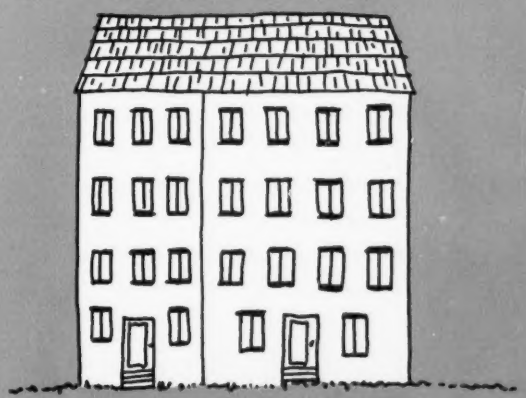


75.9%
(2,270,517 Families)

Own Home

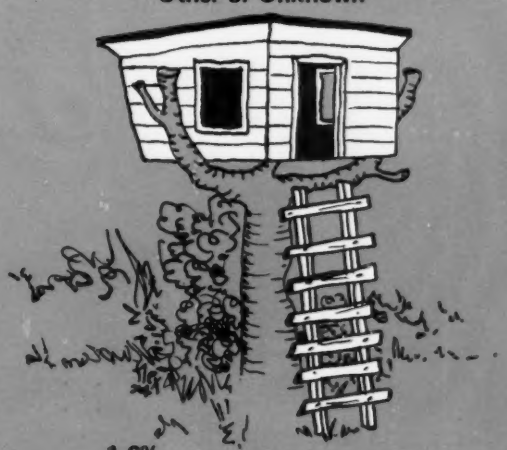
17.3%
(516,926 Families)

Rent-Free Living



5.2%
(156,189 Families)

Other or Unknown



1.6%
(46,253 Families)

Source: Finding of the 1973 AFDC Study, Part I National Center for Social Statistics

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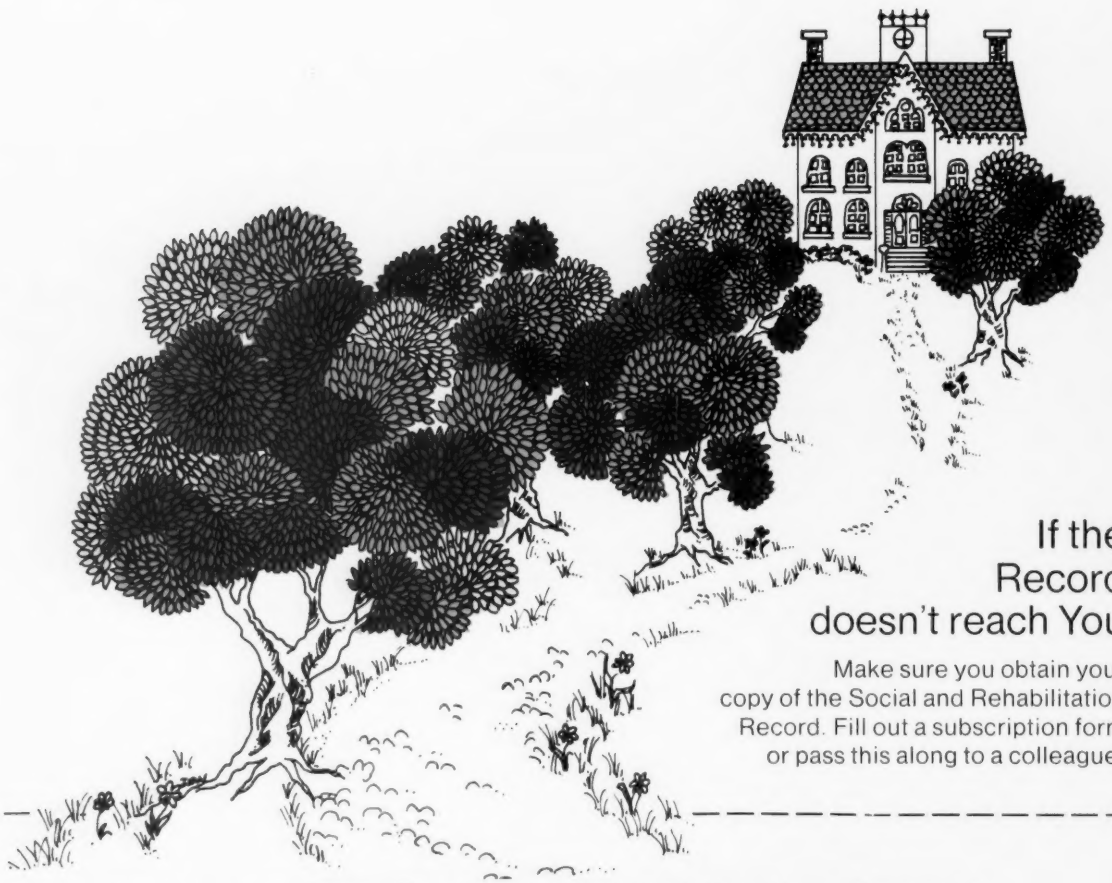

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